

The Academy CAN! Allergist Application Form



I. Personal Information

Name: _____ Age: _____
(optional)

Address: _____

_____ Race: _____
(optional)

Phone: _____ Gender: M _____ F _____

Fax: _____

E-mail: _____

Please list the names and titles of any other office personnel who will be involved with Academy CAN! (if relevant):

II. Availability

Please indicate days of the month / periods of the day that you would be available for a volunteer commitment to a Community Health Center in your metro area.

III. Relevant Information

What special skills, attributes or experiences could you bring to such volunteer work and that would aid the committee in reviewing your application?

Skin testing available? (circle one) Yes No

The Academy CAN! Pilot Project **Allergist Application Form**



Please briefly describe any previous allergy-related volunteer work.

Please briefly describe your goals and expectations for volunteering with Academy CAN!

IV. *Special Needs/Restrictions*

What special needs or geographic restrictions, if any, would you have in working with primary care professionals and patients at a Community Health Center in your area?

Please fax your completed application, along with a current copy of your CV, to Megan Brown at fax: (414) 272-6070.

For further information about the program, please contact Megan Brown at 414-272-6071 or mbrown@aaaai.org