



8903 Key Peninsula HWY, KPN  
P.O. Box 1095, Vaughn, WA 98394  
253-313-3791  
[keyfreeclinic@gmail.com](mailto:keyfreeclinic@gmail.com)

## Physician Volunteer Form

Thank you for your interest in volunteering at the Key Free Clinic! As a volunteer provider, you will help bring needed medical services to people in the greater Key Peninsula area who lack adequate access to health care. Please complete this questionnaire so that we can help you learn more about the clinic and how you can serve.

Name (First, MI, Last) \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ ZIP \_\_\_\_\_

Place of Employment/Address: \_\_\_\_\_

Best Contact Number: (     ) \_\_\_\_\_

EMAIL: \_\_\_\_\_

Specialty: \_\_\_\_\_ Board Certified?     Yes     No

Availability: \_\_\_\_\_

Medical License #/Exp Date: \_\_\_\_\_

Staff Use Only: Malpractice Insurance Verified    

The Key Free Clinic is currently operates every Thursday at the Key Center Health Center from 5:30 – 8:00 pm. Please mail your completed application to the above address or email it to Jessica Kennedy-Schlicher, MD, Key Free Clinic Medical Director, at [jess2ohio@yahoo.com](mailto:jess2ohio@yahoo.com).