THE UNIVERSITY OF TOLEDO
1872

Health Science Campus, 3000 Arlington Avenue, Toledo, OH 43614-25

Community Care Clinic
Community Nurse Volunteer Application

Print Full Name: _____ Mobile phone: _____

Address: _____ Home phone: _____

Ohio Licensure	Licensure number	Expiration date
☐ LPN ☐ RN ☐ APN		

Colleges Attended (nursing and related fields)	Degree	Graduation Date

Clinical Practice Agency	Type of Nursing	Years

May submit a resume or CV to document professional work history.