SPONSOR CERTIFICATION FOR VOLUNTEER REGISTRATION

APPLICANT: THIS FORM IS TO BE COMPLETED BY A REPRESENTATIVE OF THE NONPROFIT ORGANIZATION SPONSORING YOUR VOLUNTEER PRACTICE.

PRINT CLEARLY OR TYPE:

I ___________________ certify that ________________ is a publicly supported all volunteer, nonprofit organization that sponsors the provision of health care to populations of underserved people.

_________________________
Signature of Sponsor/Representative

_________________________
Title of Sponsor Representative

State of ________________ County/City of __________________________. Sworn and subscribed to, before this __________ date of ______________, ______.

 Date   Month   Year

My Commission expires on ________________________.

____________________________________
Signature of Notary Public

Revised Aug. 5, 2008