



### Expansion Site Application

Please complete this form to be considered for membership into the VIM Alliance.

Clinic Name	
Physical Address	
City, State, Zip	
Telephone Number	
Website	

How did you learn about Volunteers in Medicine?

How many years has your clinic been in operation? \_\_\_\_\_

What are your main reasons for wanting to join the Volunteers in Medicine Alliance?

Is your clinic a nonprofit 501(c)(3)?  yes  no

Does your clinic:

- Provide primary care to uninsured adults?  yes  no
- Have any patient fees? (this includes annual, administrative & per-visit fees; recommended donation amounts; and required deposits)  yes  no
- Bill any kind of insurance?  yes  no
- Welcome people from all religious faiths?  yes  no

How many paid full-time equivalents (FTEs) did your clinic employ in 2018? \_\_\_\_\_

How many people volunteered in your clinic in 2018? \_\_\_\_\_

Thank you so much for taking the time to answer these questions. Your answers will help us learn more about your clinic and its alignment with the VIM Model.