

Have you ever committed a traffic violation? If so, explain:

List two potential dates of service _____ until _____

_____ until _____

Personal History:

College _____

Name City State

Describe variety of employment and volunteer work experiences: _____

What do you hope to accomplish and gain from your time at FNS _____

Briefly describe yourself _____

Please complete a short written piece explaining why you want to work in a rural area and summarize your future goals.

Please provide three reference letters and a resume to: Courier Coordinator, 132 FNS Drive, Wendover, KY 41775

FRONTIER NURSING SERVICE COURIER PROGRAM

Courier Program Health Form

Dear Physician,

Your patient is requesting to participate in the Courier Program for the Frontier Nursing Service in rural Kentucky. We kindly ask that you complete the following form. Thank you in advance for your time.

Name _____ Date of Birth _____

I have examined _____ on _____

Abnormal findings _____

The following conditions may preclude my patient from participating in the Courier Program

Negative TB test within the last year is required for service.

Date _____ Result _____

Physician name _____

Address _____

Physician Signature

Please provide copy immunization records along with this form.