



VOLUNTEER APPLICATION

Name: _____ Today's Date: _____
Last First Middle

Phone Number: _____ other contact #: _____

E-mail Address: _____

Address: _____

Date of Birth: ____/____/____ (required-background check) Emergency Contact: _____
Phone Number: _____

Present Employment: _____

Education: _____

Past paid work experience: _____

Past or current volunteer experience: _____

Special skills, training, interests or hobbies: _____

Physical limitations: _____

Write a brief statement about why you want to volunteer at Christ Community Free

Clinic: _____

Have you ever been convicted of a felony? Yes No

If yes, explain: _____

Referral Source: Friend __ Relative __ Walk-in __ Welcome Letter __ Web __

References (please do not use relatives)

Name: _____ Position: _____ Daytime Phone: _____

Name: _____ Position: _____ Daytime Phone: _____



VOLUNTEER APPLICATION

I am interested in volunteering in the following areas:

- Doctors /Physician Assistant/ARNP
- Nurses/Medical Assistant
- Dentists/Hygienists
- Dental Assistants/Administration/Education
- Social Workers
- Office Manager/Volunteer Coordinator
- Secretary/Office/Medical Records
- Maintenance: Carpenters, Electricians, Plumbers, Custodial
- Hospitality/Friendship/Host
- Interpreter (Language(s): _____)
- Social Work/Network-referral to Community Services
- Spiritual Support/Prayer team-book and literature
- Grant Writing
- Computer Services/Web Development
- Pharmaceuticals
- Public Relations/Fund Raising/Marketing
- Available for special one time projects
- Other: _____

Please **read** and **initial** the following requirements we ask of all prospective volunteers.

1. I will maintain at all times patient confidentiality as required by HIPPA regulations. ____
2. I will make every effort to keep my assigned schedule and will notify the Volunteer Coordinator if I am unable to report for duty. ____
3. I will abide by the established Christ Community Free Clinic rules and regulations. ____
4. I am willing to make a commitment of a minimum of one year. ____
5. I certify that the information given on this application is true and complete. ____
6. I agree to be bound by the Articles, Bylaws and Policies of Christ Community Free Clinic, and refrain from conduct in violation of CCFC's Mission/Vision or Statement of Faith
7. I understand that a Criminal Background check (RCW 10.97) will be done prior to volunteering. ____

Signature: _____ Date: _____

Parental Signature (if under 18 years of age) _____

**Return this form to Christ Community Free Clinic
 P.O. Box 908 Auburn WA 98071-0908
 Attn: Volunteer Coordinator (Please indicate Medical or Dental)**