



Well of Healing Mobile Medical Clinic Volunteer Application

Contact Information

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

Availability

During which hours are you available for volunteer assignments?

<input type="checkbox"/> Weekday mornings	<input type="checkbox"/> Weekend mornings	<input type="checkbox"/> Mon	<input type="checkbox"/> Thur
<input type="checkbox"/> Weekday afternoons	<input type="checkbox"/> Weekend afternoons	<input type="checkbox"/> Tues	<input type="checkbox"/> Fri
<input type="checkbox"/> Weekday evenings	<input type="checkbox"/> Weekend evenings	<input type="checkbox"/> Wed	<input type="checkbox"/> Sat <input type="checkbox"/> Sun

Interests

Tell us in which areas you are interested in volunteering

<input type="checkbox"/> Medical Doctor	<input type="checkbox"/> Paramedic	<input type="checkbox"/> Administration
<input type="checkbox"/> Nurse Practitioner	<input type="checkbox"/> College Student	<input type="checkbox"/> Events
<input type="checkbox"/> Physician Assistant	<input type="checkbox"/> Phlebotomy	<input type="checkbox"/> Volunteer coordination
<input type="checkbox"/> Registered Nurse	<input type="checkbox"/> Driver	<input type="checkbox"/> Fundraising
<input type="checkbox"/> License Vocational Nurse	<input type="checkbox"/> Pharmacist	<input type="checkbox"/> Grant Writing
<input type="checkbox"/> Medical Assistant	<input type="checkbox"/> Education	<input type="checkbox"/> Clerical
<input type="checkbox"/> Certified Nurse Aide	<input type="checkbox"/> Dental	<input type="checkbox"/> Clinic Manager
<input type="checkbox"/> EMT	<input type="checkbox"/> Ministry Team	<input type="checkbox"/> Other

Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including special licenses and certifications. If licensed provider (MD, RN, PA etc.) Please provide the specifics: From the Federal Tort Claims Act (FTCA) qualification for liability coverage the following is requested:

Primary Source Verification: "Relevant education, Training or experience"	
Name of Medical School Attended:	
Residency:	
Copy of ID:	
Vaccine Status: Please provide a copy of:	HEP B and TB Skin Test Record or Waiver



Previous Volunteer Experience/Information

Summarize your previous volunteer experience.

Why are you volunteering to work with the Well of Healing Mobile Medical Clinic (WOHMMC)?
What are your assets how can you use them in this settings?
What special training have you received that could be used in the WOHMMC?
How did you hear about us?
Do you have previous volunteer experience? <input type="checkbox"/> Yes (Explain) <input type="checkbox"/> No
Our ministry vision comes from the verse “for the poor will never cease to be in the land; therefore I command you, saying, “You shall freely open your hand to your brother, to your needy and poor in your land.” Deuteronomy 15:11 How do you feel about this scripture?
Work Experience: List the past two (2) employers or voluntary assignments beginning with the most recent
Name and Address of Employer:
Date employed month/year from _____ to _____
Position(s) held/title:
Briefly describe your regular duties:
Reason for leaving:
Name and Address of Employer:



Date employed month/year from _____ to _____
Position(s) held/title:
Briefly describe your regular duties:
Reason for leaving:

Personal Information

Is it necessary for you to limit your physical activity in any way? Yes (Explain) No

If applicable, list ALL professional licenses and/or certifications you hold:	
Professional license:	
Professional license:	
Professional license:	
Professional license:	
Certification:	
Certification:	
Certification:	
Certification:	

Do you carry Malpractice insurance: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Carrier:	Policy Number:	Exp. Date:
Are you a licensed driver? <input type="checkbox"/> Yes <input type="checkbox"/> No		Basic method of transportation:
Are you presently attending a faith community? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, what is the name?		
What is the name of your Pastor, Priest, Rabbi or Minister's Name?		
Are you involved in your faith community in any capacity? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes explain:		



Person to Notify in Case of Emergency

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal. It is understood and agreed upon by the Well of Healing Mobile Medical Clinic and the undersigned that the relationship being entered into is a volunteer position and not employment. Both parties agree there will be no payment or fringe benefits which may be enjoyed by regular employees and that either party may terminate the volunteer services at any time, without cause and without notice.

By signing below you acknowledge that you understand you will practice only within the scope of practice your license allows **if applicable**. I am aware that during the course of my volunteer work, photographs and/or video footage may be taken and used in promotional and/or educational settings. I authorize photographs and/or videos that I am in to be used in the discretion of the management.

Name (printed)	
Signature	
Date	

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in volunteering with us.

OFFICE USE ONLY

Interviewed By:	
Date Interviewed:	
Orientation Date:	
Assignment:	
Start Date:	
Required Documents:	<input type="checkbox"/> Copy of Vaccine Records Received <input type="checkbox"/> Copy of Licenses Received <input type="checkbox"/> Copy of BLS