



VOLUNTEER APPLICATION

PERSONAL INFORMATION

Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (Home) _____ (Cell) _____ (Work) _____

E-mail address: _____

Preferred method of communication: Phone: _____ E-mail: _____

Employer: _____ May we contact you at work? Yes ___ NO ___

Are you proficient in a language other than English? YES ___ NO ___

If yes, please list: _____

Allergies: _____

EMERGENCY CONTACT: _____ **Phone:** _____ **Relationship:** _____

VOLUNTEER POSITIONS

Please mark which position(s) you are interested in

Clinical Volunteer Positions

- | | |
|--|--|
| <input type="checkbox"/> Physicians (MD,DO)* | <input type="checkbox"/> Currently Licensed RN*/LVN* |
| <input type="checkbox"/> Physician Assistant/Nurse Practitioner* | <input type="checkbox"/> Social Worker* |
| <input type="checkbox"/> Counselor* | <input type="checkbox"/> Prayer Partner |
| <input type="checkbox"/> Medical Assistant | <input type="checkbox"/> Certified Medical Translator* |
| <input type="checkbox"/> Clinic Coordinator | <input type="checkbox"/> Phlebotomist* |
| <input type="checkbox"/> Nutritionist/Registered Dietician* | |

Healthcare professionals must be licensed and/or certified in the State of North Carolina to practice at the Clinic. All positions with an asterisks (*) will need to complete Appendix B.

Administrative Volunteer Positions

- | | |
|--|--|
| <input type="checkbox"/> Clinic Set up | <input type="checkbox"/> Clinic Tear Down |
| <input type="checkbox"/> Front Desk Patient Check-in | <input type="checkbox"/> Patient Check Out |
| <input type="checkbox"/> Lobby Greeter | <input type="checkbox"/> Lobby Translator |

Support Personnel

(Volunteer times are flexible)

- | | |
|--|--|
| <input type="checkbox"/> Systems Manager | <input type="checkbox"/> Data Manager |
| <input type="checkbox"/> Social Media Manager | <input type="checkbox"/> Website Manager |
| <input type="checkbox"/> Publicity Coordinator | <input type="checkbox"/> Administrative/Clerical support |

Other

Please list any other specialties/skills you could share with the Clinic: _____

SCHEDULE

Our goal is to open this fall and offer services on *the second and fourth Tuesday of the month from 6:00pm -8:30pm.*

We estimate Clinic Set Up will be 4:30pm-6:00pm and Tear Down will be 8:30pm to 10:00pm.

I am available and interested in volunteering during the following times:

Second Tuesday of the Month between (time) _____ and (time) _____

Fourth Tuesday of the Month between (time) _____ and (time) _____

VOLUNTEER EXPERIENCE /GOALS

Have you volunteered elsewhere? If so, where? _____

What prompted you to consider volunteering at Mercy Health Clinic of North Wake? _____

What do you hope to achieve from your volunteer experience? _____

How did you hear about us? _____

REFERENCES

Please list two professional references (*other than close family members*):

1. Name: _____ Phone: _____
E-mail or Alt Phone: _____ Relationship: _____
2. Name: _____ Phone: _____
E-mail or Alt Phone: _____ Relationship: _____

CONVICTION RECORD STATEMENT

Have you ever been convicted of, or received deferred adjudication for, a crime other than a traffic violation?
Yes _____ NO _____

If yes, please explain: _____

AGREEMENT

I (print full name) _____ certify that the statements made on this application are true and accurate to the best of my knowledge. I understand that by submitting this application I authorize Mercy Health Clinic of North Wake to conduct a background check and inquire about any of the information contained in this application for the purpose of being a volunteer at Mercy Health Clinic of North Wake. I understand that all files and records maintained by Mercy Health Clinic of North Wake are privileged and confidential. Any and all information that I may have access to may not be released or communicated to others unless authorized by the Executive Director or staff member who has also been authorized by the Executive Director to make that determination. I understand that I will be expected to treat all patients, volunteers and staff with respect. I also understand that if I am unable to honor my commitment to Mercy Health Clinic of North Wake, I will notify the appropriate staff asap. I will conform to the rules and regulation of Mercy Health Clinic of North Wake to the best of my ability. Inability to do so may result in termination of my volunteer services.

Volunteer Signature _____ Date _____

Please attach copies of the following to your completed application as applicable:

- Faith Statement (Appendix A) to be completed by all applicants
- Appendix B (for designated Health Care Professionals only)
- Copy of Medical License
- Copy of Medical School or Graduate Degree Diploma
- Copy of Residency Diploma
- Copy of Certifications (Board Certification)
- CPR/ACL Certificate
- Immunization records (PPD, Hepatitis B, and MMR) for volunteers providing direct patient care.

Send application and supporting documentation to: MERCY HEALTH CLINIC OF NORTH WAKE
Or drop it in the Clinic Mailbox at the North Wake 1212 S. Main St, Wake Forest NC 27587
Church office Attention: Volunteer Coordinator

Appendix A

Faith Statement

Thank you for your interest in volunteering at Mercy Health Clinic of North Wake. Our mission is to share the love of Jesus Christ through excellent and compassionate non-emergency primary healthcare to the uninsured and underserved. To serve this end, we want our Clinic to be a safe place where all people are well cared for and where we strive to model our lives on biblical teaching, particularly on the life of Jesus. It is important to us that anyone providing direct care and counseling to our patients pursues the same and has an active relationship with Jesus. If that is not something you are able to say, we welcome you and encourage you to volunteer for one of our other volunteer opportunities, provided you are able to respect and support our core values listed below. To help us in our recruitment process, please complete the following:

Share how Jesus Christ has affected your life? _____

CORE VALUES

Dignity and Respect- Imago Dei-we believe all mankind is created in the image of God and that all human life is sacred.

Collaboration- We cultivate partnerships throughout our community.

Integrity- We endeavor to show Christ-like honesty and transparency.

Compassion- We genuinely care about the physical psychosocial and spiritual needs of all.

Stewardship- We strive to be good stewards of what God provides to this ministry.

Quality- We pursue excellence in all endeavors.

I have read the core values of Mercy Health Clinic of North Wake and agree to respect and support these values.

Volunteer Signature: _____ Date: _____