



healing the body, healing the soul

**CHRIST CLINIC**

Non-Profit Corporation

914 W. Carlisle Ave., Spokane, WA 99205

Phone: (509) 325-0393 Fax: (509) 325-7209

# APPLICATION FOR VOLUNTEER SERVICE

**JOB: Back office (RN, LPN, EMT, MA, CNA)**

Name (print): \_\_\_\_\_

DOB: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_

Licensure(s)/Certifications Held (i.e. CPR, ACLS, CDE, etc.):

\_\_\_\_\_

Work Experience (employment and volunteer):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Education

High School: \_\_\_\_\_

College: \_\_\_\_\_

\_\_\_\_\_

References:

1. \_\_\_\_\_

2. \_\_\_\_\_

Why do you want to volunteer at Christ Clinic?

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Christ Clinic's mission is: *To provide quality care to low-income persons who have limited or no medical insurance and to do this as a service to God, demonstrating the love of Christ through the practice of medicine.*

How does your reason for volunteering match up with the clinic's mission?

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Due to the level of training involved we require at least a 1 year commitment at 2 shifts (3-4 hours per shift) per month. Are you able to commit to this? (yes/no) \_\_\_\_\_

If not, why? \_\_\_\_\_

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Availability: \_\_\_\_\_

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Christ Clinic has my permission to make inquiries into my past record of attendance, attitude, cooperation, dependability, interpersonal relations and learning ability. Misstatements or significant omissions of facts in this application may be grounds for discharge from this volunteer service.

I have read, understand and agree to the above.

Signed name: \_\_\_\_\_

Date: \_\_\_\_\_