

Volunteer Application



healing the body, healing the soul

914 W. Carlisle Spokane, WA 99205

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

Name: _____

Date of Birth: ____/____/____

Address: _____
Street City Zip

Home/ Cell Phone: (____) _____ - _____ Cell/ Work Phone: (____) _____ - _____

Email Address: _____

Why do you want to volunteer at Christ Clinic?

Work Skills: *(Please check those that apply)*

- | | | |
|--|--|---|
| <input type="checkbox"/> Typing | <input type="checkbox"/> Scanning | <input type="checkbox"/> Telephone Skills |
| <input type="checkbox"/> Transcription | <input type="checkbox"/> Importing | <input type="checkbox"/> Electronic Medical Records |
| <input type="checkbox"/> Filing | <input type="checkbox"/> Computer Programs | _____ |

Other Skills: _____

References:

1: _____
Name Relationship Phone

2: _____
Name Relationship Phone

Education:

High School: _____ City: _____
College: _____ City: _____
Other: _____ City: _____
Other: _____ City: _____

Volunteer Experience:

1: Organization name & Dates volunteered: _____
Duties: _____
2: Organization name & Dates volunteered: _____
Duties: _____
3: Organization name & Dates volunteered: _____
Duties: _____

Employment: (Please list your most current employment and only those jobs which apply to this position)

1: Company name & Dates employed: _____
Duties: _____
2: Company name & Dates employed: _____
Duties: _____
3: Company name & Dates employed: _____
Duties: _____

Availability:

Days able to volunteer: (please circle those which apply) M T W TH F
Hours able to volunteer: _____ - _____ am / _____ - _____ pm
When are you able to start? _____
Can you commit to a year of service, volunteering 3 hour, 4 hour or longer shifts per month? _____
Do you have any mental, physical or sensory limitations that should be taken into consideration at the time of volunteer placement? _____ If yes, please explain: _____

Christ Clinic has my authorization to make inquiries into my past record of attendance, attitude, cooperation, dependability, interpersonal relations and learning ability.

I understand that all information which I may hear directly or indirectly concerning a patient, practitioner or any personnel will be considered STRICTLY CONFIDENTIAL, and I will not seek information in regard to any patient.

Misstatements or significant omissions of facts in this application may be grounds for discharge from this volunteer service. I understand that any offer of placement is contingent upon completion of health requirements: i.e. rubella screen, tuberculin test or others as needed.

I have read, understand and agree to the above.

Signature: _____ Date: ____/____/____