



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: Provider (MD, ARNP, etc)

Name (print): _____

DOB: _____

Address: _____

Phone: _____

Email: _____

Licensure(s)/Certifications Held

Work Experience (employment and volunteer):

Education

High School: _____

College: _____

References:

1. _____

2. _____

Why do you want to volunteer at Christ Clinic?

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?

Due to all involved in the credentialing process, we require at least a 1 year commitment at 1 shift (3-4 hours per shift) per month. Are you able to commit to this? (yes/no) _____

If not, why? _____

Availability: _____

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: _____