Health & Hope FREE CLINIC **Volunteer Application**

HIPAA & Release Completion Date: _____
Background check ____WATCH Letter Sent _____
Volgistics _____Phoenix_____
Medical: Sent to Credentialing Date: _____
Resource: Sent to Spiritual Care Date: _____

Name: _____
Last First Middle (Required)

Mailing: _____
Address City State Zip

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

Email Address: _____ Date of Birth: _____

Emergency Contact: _____
Name Relationship Phone

Church Affiliation: _____

Education:

Last Job/Work Experience: Employer Position Held Dates Worked

_____

Have you ever been convicted of any criminal offense including, but not limited to, drugs, theft or inflicting bodily, sexual or emotional injury? Yes ( ) No ( )
If so, what are the details and outcome?

MEDICAL VOLUNTEERS: MD/DO ( ) PA ( ) ARNP ( ) RN ( ) LPN ( ) MA ( )

Other (please specify): _____

Professional License Number: _____ Expiration Date: _____

Driver's License Number: _____Expiration Date_____
Please, provide a copy of your license/certification and CV/Resume with this application. You will need to apply for free VRP insurance prior to starting orientation through this link: https://www.tfaforms.com/4743992

I hereby certify that the above is true and complete to the best of my knowledge. By submitting this application, I authorize HHMO and its representatives to investigate and verify any and all of the information, including a criminal background check, education verification, license verification and National Provider Data Bank query.

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

Signature: _____ Date: _____

Return to: Health & Hope Medical Outreach, PO Box 986, Centralia, WA 98531
Volunteer3481@gmail.com

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