



Dear Volunteer,

Thank you for your interest in volunteering with Christ Health Center. We pray that you will be able to feel God's presence in this clinic and that your time with us blesses you and those we serve together.

We kindly ask that you complete this application and return via email or mail. Please prayerfully consider devoting a semester at a time to allow us to schedule you for productive service.

We look forward to hearing from you.

Sincerely,

A handwritten signature in blue ink, appearing to read "R. Record", is written over a light blue horizontal line.

Dr. Robert Record
Christ Health Center, Inc.



VOLUNTEER APPLICATION

Email: Volunteers@Christhealthcenter.org

Personal Data:

Name: _____ Date: _____

Address: _____

(City) _____ (State) _____ (Zip) _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ E-mail Address: _____

Occupation: _____ How long? _____

Employer: _____

Previous volunteer experience:

Where? _____ How long? _____

How did you discover Christ Health Center? _____

Do you smoke? _____ Have you ever been convicted of a felony? _____

Have you ever had a problem with the misuse of prescription drugs or any other type of controlled substance?

What are some of the reasons you would like to be a Christ Health Center volunteer?

Are there particular areas in which you would like to serve? (e.g., Do you have medical, dental, pharmaceutical training? Are you fluent in Spanish or other language other than English? Do you prefer office work? Tell us how you envision your volunteering)

Related Skills (please check any which apply):

____ Computer skills (Ex. Word, Excel, etc.)

If so, please list the specific skills: _____

____ Bi-lingual

If so, what language(s): _____

Please rate your ability on a scale from 1-5: 1=Some knowledge 5=Fluent

____ Speaking

____ Reading

____ Writing

Educational Background:

High School Attended: _____ Graduated? Yes _____ No _____

College(s) Attended: _____ Graduated? Yes _____ No _____

Degree(s) or Certification(s) Awarded? _____

Additional Qualifications: (Counseling experience, advanced degree, etc.)

Other Pertinent Data:

Are there any personalities or socio-economic backgrounds that you might have difficulty working with? Yes: _____ No: _____

If Yes for either, please explain:

Will you continue as a volunteer for at least three (3) months? Yes _____ No: _____

If No, please explain? _____

We appreciate very much the time sacrifice our volunteers make. Please recognize that employees spend time training volunteers which would otherwise be used for serving our patients. Therefore, we ask for at least a 3 month commitment from volunteers so that we may continue to serve our patients as our mission and our professional responsibilities require.

Do you have reliable transportation? Yes: ____ No: _____. If No, please explain:

I certify that the foregoing information is true and accurate to the best of my knowledge. I understand that I have a continuing duty to update this information in the event that any of my responses change.

Signed: _____ Date: _____

Name (printed) _____

Guidelines for Service at Christ Health Center

1. Seek God first. As much as possible, we ask that you have prayed and sought God's presence before arriving for any volunteering. During the day, continue to abide in God's presence that you might minister from his strength.
2. Have fun! Your attitude should reflect the abundant life that you long for others to know. If you're happy and you know it, your face will surely show it.
3. Show value and respect to everyone you see. The people you are serving are not projects; they are God's children and deserve a listening ear.
4. Avoid wearing or bringing expensive/valuable jewelry that may draw unwanted attention.
5. **Do not give money to anybody under any circumstances.** As soon as money exchanges hands, regardless of the amount, the focus shifts from Jesus to us. We want to point people to Him for provision. If this rule is violated, you will be asked not to return because giving money puts the entire team in a difficult situation.
6. For your safety we ask that you do not use the convenience store across from the Dream Center.
7. Dress in business casual clothing in a conservative manner that does not attract attention. For example, women should avoid low cut tops and spaghetti straps. Men should wear collared shirts. All volunteers should avoid tight or revealing clothing. We ask that you do not wear shorts, jeans, T-shirts or flip flops.
8. Do not give out your phone number to patients, visitors, etc. for any reason.
9. Be aware of your surroundings at all times and when in doubt ask a staff member.

I have read, understand, and agree to comply with the above guidelines:

Signed: _____ Date: _____

Name (printed) _____

Volunteer Opportunities:

Check
interest
area

Front Office & Administrative

- Scanning in medical records
- Filing documents
- Patient assistance (completing documents, praying with patients)
- Facilities maintenance
- Grounds keeping
- Data collection & summary
- Translating

Medical Clinic

- Medical Assistants
- Provider (MD/DO/NP/PA-C)*

Dental

- Dentists*
- Hygienists*

Pharmacy

- Pharmacists*
- Pharmacy Tech

*For certified positions, such as Nurses, Providers, Dentists, Christ Health Center is required to credential and privilege those individuals. It requires a thorough application process and may take 45 days prior to starting as a volunteer. Please consider this requirements and commit to volunteering for a minimum of 6 months for these volunteer opportunities.

References:

In order to become a Christ Health Center volunteer, you will need to provide references from two (2) people. References must be from people who have known you for two (2) or more years and who are not relatives.

Please give the reference letters to the appropriate people and have them return them to the address/ email / fax number provided at the top of the reference form.

Thank you for taking the time to fill out the volunteer reference letter for Christ Health Center. Upon completion please Email, mail or fax to:

Volunteer Coordinator
Christ Health Center
5720 First Avenue South
Birmingham, AL 35212

Email: Volunteers@christhealthcenter.org
Phone: (205)380-9455 Fax: (205)380-9459

Volunteer's Name: _____

Reference Name: _____

Reference Contact Info: _____

1. How long have you known the individual, and what is your relationship to them?

2. How would you describe this individual? (Please circle one)

Very Dependable Dependable Somewhat Dependable Not Very Dependable

3. How would you describe this person's emotional and spiritual stability? (Please circle one)

Very Stable Stable Somewhat Stable Not Very Stable

4. Do you feel this individual has the ability to keep all patient information confidential? (Please circle one)

Yes No

Please explain:

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5720 First Avenue South
Birmingham, AL 35212

Email: Volunteers@christhealthcenter.org
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Volunteer's Name: _____

Reference Name: _____

Reference Contact Info: _____

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4. Do you feel this individual has the ability to keep all patient information confidential? (Please circle one)

Yes No

Please explain:
