Medical Volunteer Application

Name: ____ Birth date: ________________

Address: ____ Email: ___________________________________

Home Phone: __________________ Cell: __________________ Work Phone: __________________

Emergency Contact:

Name: ____________________ Relationship: _______________ Phone Number: ___________________

Qualifications and Employment:

What are your qualifications? ________________________________ License # ___________________

Current employer/school: ____

Position/Responsibilities: ____

____

Volunteer Position at Guadalupe Clinic: ☐ MD ☐ DO ☐ PA ☐ APRN ☐ RN ☐ Medical Scribe ☐ Other____

When days/hours are you available to volunteer?

Monday	Tuesday	Wednesday	Thursday	Friday
☐ 9am-12pm	☐ 9am-12pm	☐ 9am-12pm	☐ 9am-12pm	☐ 9am-12pm
☐ 1pm-4pm	☐ 1pm-4pm	☐ 1pm-4pm	☐ 1pm-4pm	☐ 1pm-4pm

What date would you be available to start volunteering? ____

How often would you be available? ____

How did you learn about Guadalupe Clinic? ____

Have you ever visited Guadalupe Clinic? ☐ Yes ☐ No

Are you available to commit to four hours per month? ☐ Yes ☐ No

Have you ever been convicted of a felony? ☐ Yes ☐ No

Have you ever been denied a license? ☐ Yes ☐ No

As missionary disciples of Christ, and with other people of good will,
Guadalupe Clinic works to provide access to quality health care for people in need.

(over)

Education/Field of Studies

Do you have any special skills that would benefit our patients/clinic? Please tell us about them:

____

Do you speak Spanish? If yes, explain your proficiency. _____________________________________

Is there any other information we should know about you? __________________________________

Please provide two references, other than family/friends, whom you have known for at least five years:

Reference 1: __________________________ Phone: ________________ Relationship: ______________

Reference 2: __________________________ Phone: ________________ Relationship: ______________

Applicant Signature: ___________________________________ Date: ___________________

Guadalupe Clinic will verify that all health providers have a current license to practice according to their respective discipline. All applicants will have a background check carried out to verify eligibility for volunteering.

Questions may be directed to:

Guadalupe Clinic
940 South St. Francis
Wichita, KS 67211
(316) 264-6464 ext. 221
volunteer@guadalupeclinic.com