



# Medical Volunteer Application

Name: \_\_\_\_\_ Birth date: \_\_\_\_\_

Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ 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?

<u>Monday</u>	<u>Tuesday</u>	<u>Wednesday</u>	<u>Thursday</u>	<u>Friday</u>	<u>Saturday</u>
<input type="checkbox"/> 9am-12pm	<input type="checkbox"/> 9am-12pm	<input type="checkbox"/> 9am-12pm	<input type="checkbox"/> 9am-12pm	<input type="checkbox"/> 9am-12pm	<input type="checkbox"/> 9am-12pm
<input type="checkbox"/> 1pm-4:30pm	<input type="checkbox"/> 1pm-4:30pm	<input type="checkbox"/> 1pm-4:30pm	<input type="checkbox"/> 1pm-4:30pm	<input type="checkbox"/> 1pm-4:30pm	
	<input type="checkbox"/> 5pm-7:30pm	<input type="checkbox"/> 5pm-7:30pm			

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

(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, whom you have known for at least two 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