



441 Clay St; Kingsport TN 37660
Mailing Address: PO Box 1323; Kingsport TN 37662

VOLUNTEER APPLICATION

Patient Care Staff

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____

(Volunteers will receive clinic schedules and announcements via email. Please notify the office if you prefer another method of contact.)

Patient care staff must be licensed/certified in the state of Tennessee. All PMCK professional medical staff must pass license verification through TN Health Related Boards. You must submit a copy of your license or certification with this application.

REFERENCE:

Please provide the name of a medical professional who may be contacted for a peer reference regarding your professional competency and ethical character.

Reference Name: _____

Reference Email or Phone: _____

WHEN ARE YOU INTERESTED IN WORKING?

Providence Medical Clinic will be open every Thursday evening from 5:00 – 8:30 p.m.

(Patients are seen from 6 – 8 p.m.)

How often would you like to volunteer at the clinic?

Once a month

Every two months

As needed

TELL US ABOUT YOUR INTEREST IN CHRISTIAN MINISTRY:

I attend the following church: _____

Pastor's Name: _____ Church Phone #: _____

Please tell us why you would like to be a part of the ministry at Providence Medical Clinic:

PLEASE HAVE YOUR PASTOR COMPLETE THIS SECTION:

I have known _____ for ____ years or ____ months, and recommend him/her as a volunteer for Providence Medical Clinic.

Pastor's Signature: _____ Date: _____

Church _____

PLEASE PRAYERFULLY CONSIDER AND SIGN:

**In submitting this application to serve as a volunteer at PMCK, I agree to support the clinic vision statement *Providence Medical Clinic of Kingsport offering compassionate medical and spiritual care to the underserved residents of the Greater Kingsport Area.*

Signed: _____ Date: _____

Received by: _____ Date: _____

FOR OFFICE USE ONLY:

1. Applicant has attended orientation/training session? __ Y or __ N If yes, when _____
2. Applicant has been contacted with initial schedule? __ Y or __ N If yes, when _____
3. Applicant has signed the PMCK Confidentiality Agreement? __ Y or __ N