



VOLUNTEER APPLICATION
Office Support Staff, Spiritual Support 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.)

How did you hear about Providence Medical Clinic? _____

I AM INTERESTED IN VOLUNTEERING AT THE CLINIC IN THE FOLLOWING CAPACITY:

- ____ Office Support Staff
- ____ Spiritual Support Staff

WHEN ARE YOU INTERESTED IN WORKING?

Providence Medical Clinic will be open every Thursday evening from 4:30 – 8:30 p.m.

(Patients are seen from 6 – 8 p.m.)

Daytime office hours will be Tuesday, Friday; 10:00 a.m. – 1: 00 p.m.

(No patient exams during daytime hours.)

1. How often would you like to volunteer at the clinic?

- ____ Once a month ____ Every two months ____ As needed

2. For Office Staff - do you prefer ____ evenings ____ daytime – indicate day _____

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 is assigned to following duties: _____
3. Applicant has been contacted with initial schedule? __ Y or __ N If yes, when _____
4. Applicant has signed the PMCK Confidentiality Agreement? __ Y or __ N