

Bethesda Free Clinic



"A Spring of Well-Being"

P.O. Box 7709
D'Iberville, MS 39540

Phone: 228-818-9191 Fax: 228-818-9193

6912 North Washington Ave
Ocean Springs, MS 39564

Volunteer Application

Dear Applicant,

Thank you for your interest in volunteering at Bethesda Free Clinic. We welcome interested and enthusiastic people of all backgrounds and abilities to serve as volunteers.

Volunteer Requirements:

- Must be at least 18 years of age
- Commitment to a minimum of 4 hours a week
- Commitment to volunteer at the clinic for at least 100 hours (approximately 6 months)
- Professional behavior
- Positive attitude and an eagerness to be of service

The process to become a volunteer is as follows:

- Completing a volunteer application in its entirety (missing or incomplete information will delay your application from further review)
- You will be contacted to schedule an interview
- You will be required to pass a background check and medical clearance

If you have any questions, please give us a call at (228) 818-9191. We again appreciate your interest in our clinic and your gift of time to those in need.

Sincerely,

Mary Buffington
Executive Director

Volunteer Application

Contact Information

Name	
Date of Birth	
Street Address	
City, ST Zip Code	
Home/Cell Phone	
Work Phone	
Email Address	

Emergency Contact Persons
(Names and Telephone Numbers)

1.	
2.	

Availability

Monday	
Tuesday	
Wednesday	
Thursday	

Employment and Volunteer Experience

Company Name/ Address/ Phone	Dates Employed	Job Title and Duties Performed
	From: To:	Title: Duties:
	From: To:	Title: Duties:
	From: To:	Title: Duties:
	From: To:	Title: Duties:

**References
(Non-relative)**

Name	Telephone #	How does this person know you?
Name	Telephone #	How does this person know you?

In order to evaluate your application and determine whether we will be able to offer you a place on our team, we would like to get to know you better. As you answer the questions below, please feel free to attach additional pages if needed. We also encourage you to include a resume, letter of reference or any other documents that may help support your application.

Please share with us why you would like to volunteer at Bethesda Free Health Clinic.

Do you have previous volunteer experience? If yes, please share your experiences. If no, please share life/work experiences that will help you succeed as a volunteer in a free health clinic setting.

What experience do you wish to gain while volunteering at Bethesda Free Health Clinic?

What tasks or departments are of interest to you?

Reception/Clerical

Fundraising

MD/NP/PA

Other:

RN/Medical Assistant*

*Healthcare professionals will need to bring proof of licensure or certification, current CPR/BLS certification, and education/training transcripts.

Do you have any special skills, talents or interests that would contribute to the success of our clinic?

Our Policy
It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed)	
Signature	
Date	

Mutual Commitment/Confidentiality Statement

Treat with confidentiality any information about any person who contacts the clinic for services, including any person I may come into contact with as a medical, social service, legal, or other records. I agree not to discuss or divulge any information related to clinic business or to any individual I see on behalf of the clinic with anyone other than the appropriate clinic personnel. I understand that breach of confidentiality is grounds for immediate dismissal.

- a) Exercise great care in protecting the clinic's records from any scrutiny by unauthorized persons (persons other than appropriate clinic staff).
- b) Uphold the ethical, legal and procedure standards of the Bethesda Free Health Clinic of D'Iberville. I am aware that breach of such is cause for immediate dismissal.

Volunteer

Date

Staff Member

Date

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EMPLOYEE PERMISSION FOR CRIMINAL RECORDS CHECK

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6912 N Washington Ave
Ocean Springs, MS 39564
Ph: 228-818-9191
Fax: 228-818-9193

I hereby give my permission to conduct a background screening check with all local law enforcement agencies. I give my permission for the release of information from law enforcement files concerning any past history of offenses with which I may have been charged or convicted. I understand that the information to be released may concern charges and/or convictions of carnal knowledge of a child under 14 years of age, sexual battery, seduction of a child under the age of 18, touching a child for lustful purposes, disseminating sexually oriented material to children, exploitation of children, carnal knowledge of a stepchild, adopted child or child of a cohabiting partner, or unnatural intercourse. I understand that information will be released on any conviction, any pending charges, or any arrests if I have been arrested two or more times. I understand that I will be sent a copy of any information released from your files pursuant to this permission form and that I have the right to challenge the accuracy and completeness of this information. I understand that this information will be used only for employment purposes and will not be re-disseminated to other persons or used for any other purpose.

Print Name _____ **Signature** _____
Home Address _____
Previous Address _____
DOB _____ **Social Security Number** _____

Witness to Signature _____ **Date** _____
(The above information must be completed by the employee. Form must then be forwarded to the agencies listed below. Completed form must be kept on file).

=====

TO BE COMPLETED BY LOCAL SHERIFF'S DEPARTMENT

Sheriff's Office _____ **Date** _____
Records checked by _____ **Title** _____
No information found _____ **Records found (Please attach separate sheet)** _____

=====

TO BE COMPLETED BY LOCAL POLICE DEPARTMENT

Police Dept. _____ **Date** _____
Records checked by _____ **Title** _____
No information found _____ **Records found (Please attach separate sheet)** _____

Note: This is confidential information and will be evaluated to determine how it may affect the individual's employment status. It will be noted in personnel file that checks were made, by whom, when, and action taken by the Center. All completed forms will be placed in personnel file.

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AUTHORIZATION FOR PRIOR EMPLOYER TO RELEASE INFORMATION

(Please read the following statements, sign below, and return to the Executive Director.)

(Applicant's name printed below)

I, _____, hereby authorize my prior employer
or references _____ to release any and all
information relating to my employment with them to Bethesda Free Health Clinic.

I understand that any information released by my prior employer will be held in strictest confidence,
that it will be viewed only by those involved in the hiring decision, and that neither I nor anyone else not
so involved will not have the right to see the information.

_____ / _____

Applicants Signature, Date

Print Volunteer/Employee's Name

Required Credentialing for Bethesda Free Health Clinic

M.D.

MS State Medical License
Curriculum Vitae
Driver's License/Gov't Issued I.D.
Social Security Card
NPI Number
DEA Number
TB Test
Immunizations
Life Support Certification
Completed Volunteer Packet

Nurse Practitioner

MS N.P. License
Collaborative Practice Agreement
Driver's License/Gov't Issued I.D.
Social Security Card
Resume
NPI Number
DEA Number
TB Test
Immunizations
Life Support Certification
Completed Volunteer Packet

Nurse/R.N.

MS Nursing License
Driver's License/Gov't Issued I.D.
Social Security Card
Resume
TB Test
Immunizations
Life Support Certification
Completed Volunteer Packet

Volunteer

Driver's License/Gov't Issued I.D.
Social Security Card
Completed Volunteer Packet