



# The Neighborhood Christian Clinic

*Restoring Health & Restoring Lives*

**1929 W. Fillmore, Bldg. C, Phoenix, AZ**

## **Thank you for volunteering!**

**We are glad to have you as part of our team. The following procedures are to help you have a pleasant experience while serving as a volunteer.**

❖ **Confidentiality:**

**You may be privileged to know personal information about patients. Please maintain complete confidentiality concerning the patients' comments and records.**

❖ **Children**

**It is to safeguard the health and safety of your children that we ask you not to bring them with you to the clinic.**

❖ **Dress Code:**

**All clothing worn, whether uniforms or street clothes, should be clean and in good repair. If you have scrubs, please wear them. T-shirts with pictures, slogans, or advertisements are inappropriate attire and should not be worn while working. Also considered inappropriate are shorts, cutoffs, tank shirts, midriff shirts and tight or revealing clothing. Shoes should be clean and in good repair.**

**All employees and volunteers are to wear their nametag in a readily visible location while at work.**

**It is suggested that you not wear expensive jewelry, perfumes, etc.**

❖ **Commitment:**

**We take very seriously your commitment to the clinic and value your time and effort. Therefore, we ask that you notify us as far in advance as possible when you cannot keep your scheduled service time.**

❖ **Safety:**

**Please be vigilant of your surroundings as you come and leave the clinic. Be sure to have a clinic staff member/volunteer chaperone you to your car. Do not leave valuables inside your car where they are visible. Lock your car.**

**The Neighborhood Christian Clinic, Inc. will operate under the following mission statement and statement of faith. If you support them, please sign and return with your application. Thank you.**

**Mission Statement:**

**The mission of the faith-based clinic, located in the downtown Phoenix area, is to:**

- 1) Meet the medical needs of the medically under-served population of urban Phoenix.**
- 2) Share the Gospel of Jesus Christ with interested patients and colleagues,**
- 3) Disciple Christian health care professionals to train and equip others to carry out the Great Commission.**

**Statement of Faith:**

**The Bible to be the inspired, only infallible, authoritative Word of God:**

**There is one God, eternally existent in three persons, Father, Son and Holy Spirit:**

**In the deity of our Lord Jesus Christ, in His virgin birth, in His sinless life, in His miracles, in His atoning death through His shed blood, in His bodily resurrection, in His ascension to the right hand of the Father, and in His personal return in power and glory;**

**For the salvation of the lost and sinful men, we must each individually receive Jesus Christ as Savior and Lord;**

**That regeneration by the Holy Spirit is absolutely essential;**

**In the present ministry of the Holy Spirit by whose in-dwelling the Christian is enabled to live a godly life.**

**In the resurrection of both the saved and the lost. They that are saved unto the resurrection of eternal life and they that are lost unto the resurrection of eternal separation from God; Man's ultimate purpose is to glorify God.**

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**Signature**

**The Neighborhood Christian Clinic, Inc.  
Location: 1929 W. Fillmore, Bldg. C., Phoenix, AZ  
Mailing address: 7000 N. 16<sup>th</sup> St., Ste 120PMB310, Phoenix, AZ 85020  
Telephone (602) 258-6008**

## **HIPPA and The Neighborhood Christian Clinic Volunteers:**

What you need to know.....

- ❖ As a TNCC volunteer, you may have access to confidential medical information. The fact that a patient is at TNCC is even confidential information.
- ❖ Federal and state laws and TNCC protect this confidential information
- ❖ It is illegal for you to use or disclose this confidential medical information outside the scope of your volunteer duties at TNCC. This includes verbal or written disclosure.
- ❖ Guidelines for the use of this information:
  - You may use this information as necessary in the contact with patients.
  - Do NOT photocopy patient information.
  - Do not photograph patients.
  - Access the minimum amount of information necessary to carry out your volunteer assignment.
  - Do not record patient names, dates of birth, address, phone number, social security number, etc – on forms leaving the clinic.
  - You may only access the confidential information of patients for whom you are volunteering when there is a need for the information.
  - Be aware of your surroundings when discussing confidential information. It is inappropriate to discuss patients where others may overhear.
  - If you have questions about the use or disclosure of confidential health information, contact your volunteer coordinator.
  - When disposing of any documents with (patient information) do not put into a waste can. Place instead in the shredding containers.

I have read and understand the information in this brochure. I realize that there are civil and criminal penalties for the unauthorized use and disclosure of confidential patient information. I will abide by the guidelines when performing my volunteer duties.

\_\_\_\_\_  
Signature of volunteer

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

# Non-Medical Volunteers

Please tell us about yourself

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code \_\_\_\_\_ Telephone: Home \_\_\_\_\_ Work \_\_\_\_\_

Cell # \_\_\_\_\_ E-mail address: \_\_\_\_\_

Birthdate \_\_\_\_\_ Social Security Number \_\_\_\_\_

Days of the week available to volunteer:

(Note: Morning Shift 9:00am-12:00pm, afternoon shift 1:00pm-5:00pm & evening shift 6:00pm – 9:00pm)

Mon afternoon\_\_\_ Mon evening\_\_\_ Tues morning\_\_\_ Tues afternoon\_\_\_

Thurs afternoon\_\_\_ Thurs evening\_\_\_ Fri morning\_\_\_ Fri afternoon\_\_\_

How often would you like to volunteer?

What would you like to do at the clinic? \_\_\_\_\_

What church do you attend? \_\_\_\_\_

Please furnish the following documents: \_\_\_ Confidentiality statement (signed)

\_\_\_ Copy of driver's license \_\_\_ Signed statement of faith

## (2) REFERENCES:

Please submit 2 reference letters or emails to [cmccourt@tnccclinic.org](mailto:cmccourt@tnccclinic.org) providing the answers to the following questions.

1. The amount of time the person has known you and in what capacity.
2. What your strengths are.
3. Are you dependable? Flexible?
4. How well do you get along with other people?
5. What is their perception of your overall attitude?
6. Do they know of any reason why you should not volunteer with TNCC?

## Tell us about yourself.....continued

How did you hear about TNCC?

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Do you speak Spanish? No \_\_\_ Yes \_\_\_ a little \_\_\_ or fluent \_\_\_

What previous work or volunteer experience and/or skills and talents do you have that may enhance your contribution to TNCC?

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Describe your interest in and motivation for volunteering at TNCC.

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Have you been convicted of a felony or misdemeanor: Yes \_\_\_ No \_\_\_

If YES, please explain the conviction and penalty. Please write on the back if more space is needed.

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