



The Neighborhood Christian Clinic

Restoring Health & Restoring Lives

1929 W. Fillmore, Bldg. C, Phoenix, AZ 85009

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 perfumes*, expensive jewelry, 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.

STATEMENT OF FAITH

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.

The Mission of The Neighborhood Christian Clinic, Inc. is threefold as follows:

- 1. To provide medical and dental healthcare services to the uninsured, underserved community;**
- 2. To share the Gospel and love of Jesus Christ with interested patients and colleagues, and**
- 3. To train and equip healthcare professionals to respectfully share the Gospel and love of Jesus Christ in their daily practice.**

Statement of Faith:

We believe the Bible to be the inspired, only infallible, authoritative Word of God;

We believe there is one God, eternally existent in three persons, Father, Son and Holy Spirit;

We believe 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;

We believe that for the salvation of the lost and sinful men, we must each individually receive Jesus Christ as Savior and Lord. Regeneration by the Holy Spirit is absolutely essential;

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

We believe 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; and

We believe man's ultimate purpose is to glorify God.

Signature

CONFIDENTIALITY STATEMENT

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 presented in this document . 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 _____

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? _____

Knowing that Spiritual Care is a critical part of the Clinic's ministry, when you volunteer; would you like to participate in that aspect of what we do? Yes _____ No _____

The Clinic's Mission Statement includes: "to train and equip healthcare professionals to respectfully share the Gospel and love of Jesus Christ in their daily practice". Are you interested in learning more about this? Yes _____ No _____

If inclined, please share where you are on your spiritual journey;

Please furnish the following documents: ___ Confidentiality statement (signed)

___ Copy of driver's license ___ Signed statement of faith ___ 2 Reference letters or emails

Tell us about yourself.....continued

(2) REFERENCES:

Please submit 2 reference letters or emails to 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?

How did you hear about TNCC?

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?

Describe your interest in and motivation for volunteering at TNCC.

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.
