



The Neighborhood Christian Clinic

Restoring Health & Restoring Lives

To: Interested Certified/Licensed Professional Volunteer

Thank you for your interest in volunteering at TNCC. We are excited at the prospect of having you volunteer to help address the healthcare needs of the uninsured, underserved. Not only will you bless others, but we are confident you will be blessed as well.

There is an application process to be completed prior to volunteering. Following is a checklist of items needed:

- Completed Certified/Licensed Professional Volunteer Application
- Two reference letters (or emails to: csoteros@tnccclinic.org)
- AZ Driver's License (or Passport)
- AZ professional certificate/license
- Dispensing License Application; form and letter attached (MD's only)
- Diploma for professional studies
- Certificate of Professional Liability Insurance (\$1M/occurrence-\$3M aggregate)
- \$50 application fee (refundable after six months)
- Attend Clinic Open House on 3rd Thursday of any month: 11:30AM–12:30PM

The application process time is dramatically reduced when checklist items are submitted simultaneously. If you are not able to provide the above items, please contact me to make other arrangements.

Please find attached to be completed:

- Licensed/Professional Volunteer Application
- HIPPA Privacy Statement

We look forward to meeting you and serving together.

Sincerely,

Cheryl Soteros
Administrator
csoteros@tnccclinic.org
602.258.6008 x112

Enc





The Neighborhood Christian Clinic

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Volunteer Application - Licensed Professionals

Full Name _____

Address _____

City _____ State _____ Zip Code _____

Phone Numbers

Work _____

Home _____

Cell _____

Fax _____

Email _____

Date of Birth _____

Profession _____ Specialty Certification _____

AZ Driver's License # _____ Exp. Date _____

Bilingual No Yes If Yes, Which Language _____

How did you hear about TNCC? _____

Do you have physical/health limitations that might impact patient care? No Yes

If Yes, please describe: _____

Have you ever been convicted of a felony or misdemeanor? No Yes

If Yes, please explain _____



Have you ever been subject to disciplinary action? No Yes If yes, please describe:

Have you ever had malpractice claims, suits, settlements, arbitration proceedings, or complaints filed involving your professional practice within the past five years? No Yes

If yes, describe nature of incident, date, outcome, and insurance company:

Patient Spiritual Care

Church you attend (if applicable) _____

TNCC's Mission Statement is threefold as follows:

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

Spiritual Care is a critical part of the Clinic's ministry as indicated in bullet #2 of the Mission Statement.

Would you like to participate in this? No Yes

Are you interested in learning more about Mission Statement bullet # 3? No Yes

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

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

TNCC does not require a Volunteer to subscribe to or agree with the above Statement of Faith or Mission Statement; however, we do require all Volunteers to support what the Clinic does; at the very least volunteers must not hinder or impede patient spiritual care.

References

TNCC requires two reference letters (or emails to gderbyshire@tnccclinic.org). Letters should address:

1. Amount of time person has known you
2. Capacity in which person has known you
3. Your strengths/weaknesses
4. Your dependability/flexibility
5. Whether you work well with others
6. Perception of your overall attitude
7. General support of you volunteering at TNCC

Shift Preference

- | | | | | | | | | |
|-----------------|--------------------------|--------|--------------------------|---------|--------------------------|----------|--------------------------|--------|
| 8:30AM-12:00PM | <input type="checkbox"/> | Monday | <input type="checkbox"/> | Tuesday | <input type="checkbox"/> | Thursday | <input type="checkbox"/> | Friday |
| 12:30PM- 5:00PM | <input type="checkbox"/> | Monday | <input type="checkbox"/> | Tuesday | <input type="checkbox"/> | Thursday | <input type="checkbox"/> | Friday |
| 6:00PM- 9:00PM | <input type="checkbox"/> | Monday | | | <input type="checkbox"/> | Thursday | | |

How often would you like to volunteer? Weekly Twice a month Monthly Other _____

Professional Liability Insurance

- I have the required malpractice insurance through my own provider and have attached a copy of the Certificate of Insurance
- I do not have the required malpractice insurance through my own provider and request TNCC's assistance in this regard

I certify the above information is accurate and that I understand what is required of a Volunteer regarding spiritual care. I understand my application fee is refundable after I volunteer a minimum number of shifts in a six month period. I also understand I have the right to terminate my volunteer status at any time for any (or no reason) provided I do not terminate in a manner that would jeopardize patient care. TNCC has the right to terminate my volunteer status at any time for any reason (or no reason).

Signature: _____ Date: _____