



## The Neighborhood Christian Clinic

*Restoring Health & Restoring Lives*

To: Interested Non-Licensed 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 Non-Licensed Volunteer Application
- Two reference letters (or emails to: [csoteros@tnccclinic.org](mailto:csoteros@tnccclinic.org))
- AZ Driver's License (or Passport)
- \$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:

- Non-Licensed Volunteer Application
- HIPPA Privacy Statement

We look forward to meeting you and serving together.

Sincerely,

Cheryl Soteros  
Administrator  
[csoteros@tnccclinic.org](mailto:csoteros@tnccclinic.org)  
602.258.6008 x112

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# The Neighborhood Christian Clinic

*Restoring Health & Restoring Lives*

## Volunteer Application - Non-Licensed

Full Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

### Phone Numbers

Work \_\_\_\_\_

Home \_\_\_\_\_

Cell \_\_\_\_\_

Fax \_\_\_\_\_

Email \_\_\_\_\_

Date of Birth \_\_\_\_\_

Profession \_\_\_\_\_

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 \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



Volunteer Duties Desired (Check All That Apply):

- Medication Room       Administration
- Interpreter               Nurse Helper (Currently pursuing medical career)

Work or volunteer experience/skills that may enhance your contribution to the Clinic's ministry?

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### 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 \_\_\_\_\_

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## 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](mailto: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?  Twice a month  Monthly  Other \_\_\_\_\_

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: \_\_\_\_\_