

APPLICATION FOR HOPE FAMILY CARE CLINIC

3027 PROSPECT
KANSAS CITY, MO 64128
PHONE: 816-861-6500 FAX: 816-861-6503

This application is to be completed by all applicants for any position (volunteer or compensated). It is being used to help Hope Family Care Clinic provide a safe and secure environment for our clinic and use of our facilities.

Please circle the position(s) in which you're interested:

- Physician
- Physician's Assistant
- Nurse Practitioner
- Nurse (LPN, RN, Other)
- Front-Office
- Medical Assistant
- Referral Clerk
- Lab/Phlebotomy Assistant

PERSONAL INFORMATION

NAME _____ DATE OF APPLICATION _____

ADDRESS (INCLUDE CITY, STATE AND ZIP)

HOME PHONE _____

WORK PHONE _____

EMAIL ADDRESS

MOBILE PHONE _____

CAN WE CONTACT YOU
THERE? Y OR N

DATE OF BIRTH _____

SOCIAL SECURITY NUMBER _____

TYPE OF DRIVER'S LICENsE:

REG ___ CDL ___ OTHER ___ LIC.# _____

OCCUPATION

EMPLOYER

WORK STATUS

PART TIME _____ FULL TIME _____
STUDENT _____ OTHER _____

MARITAL STATUS

SINGLE _____ ENGAGED _____ DIVORCED _____ SEPARATED _____ MARRIED _____
REMARIED _____ WIDOWED _____

DAYS OF THE WEEK YOU'RE AVAILABLE TO VOLUNTEER

MON ___ TUES ___ WED ___ THURS ___ FRI ___ SAT ___

CAN YOU VOLUNTEER

ALL DAY ___ HALF DAY ___

WEEKLY ___ EVERY OTHER WEEK ___

WORK /STUDENT EXPERIENCE

DATES OF EMPLOYMENT OR NA FOR SCHOOL	NAME OF EMPLOYER/SCHOOL	PHONE NUMBER	POSITION/YEAR IN SCHOOL
FROM:			
TO:			
FROM:			
TO:			

BACKGROUND INFORMATION

HAVE YOU EVER BEEN ACCUSED OF, INVESTIGATED FOR OR CONVICTED OF ANY TYPE OF CHILD NEGLECT, ABUSE OR MOLESTATION? YES _____ NO _____

IF YES, PLEASE GIVE THE DETAILS OF THE SITUATION

ARE YOU CURRENTLY INVOLVED IN ANY LEGAL CASES (CIVIL, CRIMINAL, ETC.)? YES _____ NO _____

IF YES, PLEASE EXPLAIN

HAVE YOU EVER BEEN CONVICTED OF ANY OFFENSE AGAINST THE LAW (YOU MAY OMIT MINOR TRAFFIC VIOLATIONS)? YES _____ NO _____

IF YES, PLEASE EXPLAIN

ARE YOU CURRENTLY USING ILLEGAL DRUGS? YES _____ NO _____

IS THERE ANY CIRCUMSTANCE OR PATTERN THAT WOULD MAKE IT INAPPROPRIATE FOR YOU TO BE WORKING AT A HEALTH CLINIC? YES _____ NO _____

IF YES, PLEASE EXPLAIN

IF APPLICABLE, ARE YOU IN GOOD STANDING WITH ALL NECESSARY BOARDS AND LICENSING REQUIREMENTS? YES _____ NO _____

ARE YOU LICENSED IN MISSOURI? YES _____ NO _____ IF NOT, CAN YOU BE? YES _____ NO _____

STATEMENT OF TRUTH

I HEREBY STATE THAT ALL THE INFORMATION CONTAINED ON THIS APPLICATION IS CORRECT AND TRUE. IF HOPE FAMILY CARE CLINIC IS NOTIFIED THAT ANY INFORMATION CONTAINED HEREIN IS FALSE, IT WILL BE GROUNDS FOR MY IMMEDIATE DISMISSAL. I ALSO UNDERSTAND THAT COMPLETION OF THIS APPLICATION IN NO WAY GUARANTEES OR IMPLIES ACCEPTANCE TO HOPE FAMILY CARE CLINIC.

SIGNATURE _____ DATE _____

I AUTHORIZE ANY REFERENCES LISTED IN THIS APPLICATION TO GIVE HOPE FAMILY CARE CLINIC ANY INFORMATION THEY MAY HAVE REGARDING MY CHARACTER, AND I RELEASE ALL SUCH REFERENCES FROM LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM FURNISHING SUCH EVALUATIONS TO HOPE FAMILY CARE CLINIC.

SIGNATURE _____ DATE _____

SHOULD MY APPLICATION BE ACCEPTED, I AGREE TO BE BOUND BY THE CONSTITUTION AND BYLAWS AND POLICIES OF THIS ORGANIZATION, AND TO REFRAIN FROM INAPPROPRIATE CONDUCT IN THE PERFORMANCE OF MY SERVICES ON BEHALF OF HOPE FAMILY CARE CLINIC.

SIGNATURE _____ DATE _____

I UNDERSTAND THAT ALL ITEMS RELATED TO THIS APPLICATION SUBMITTED TO HOPE FAMILY CARE CLINIC ARE A PART OF THE APPLICATION PROCESS AND BECOME THE PERMANENT PROPERTY OF HOPE FAMILY CARE CLINIC AND WILL NOT BE RETURNED.

SIGNATURE _____ DATE _____

I UNDERSTAND THAT THE INFORMATION CONTAINED ON THE PERSONAL RECOMMENDATIONS IS CONFIDENTIAL. I HEREBY WAIVE MY RIGHT TO SEE THE CONFIDENTIAL MATERIAL CONTAINED THEREIN AND I HEREBY RELEASE SAID MATERIALS TO BECOME THE PROPERTY OF HOPE FAMILY CARE CLINIC.

SIGNATURE _____ DATE _____

******DUE TO LIABILITY ALL STAFF (I.E. PAID STAFF AND VOLUNTEER STAFF) ARE SUBJECT TO A CRIMINAL HISTORY CHECK. PLEASE BE AWARE OF THIS AS YOU AGREE TO BE A VOLUNTEER, ASSISTANT OR STAFF MEMBER IN ANY CAPACITY.**

PERSONAL REFERENCES

(MUST HAVE A DEFINITE KNOWLEDGE OF YOUR CHARACTER AND QUALIFICATIONS. PLEASE DO NOT INCLUDE ANY RELATIVES)

<u>1 NAME</u>		<u>2 NAME</u>	
<u>ADDRESS</u>		<u>ADDRESS</u>	
<u>CITY/ZIP</u>		<u>CITY/ZIP</u>	
<u>PHONE</u>	<u>RELATIONSHIP</u>	<u>PHONE</u>	<u>RELATIONSHIP</u>
How long have you known this person?		How long have you known this person?	
<u>3 NAME</u>		<u>4 NAME</u>	
<u>ADDRESS</u>		<u>ADDRESS</u>	
<u>CITY/ZIP</u>		<u>CITY/ZIP</u>	
<u>PHONE</u>	<u>RELATIONSHIP</u>	<u>PHONE</u>	<u>RELATIONSHIP</u>
How long have you known this person?		How long have you known this person?	

FOR HOPE FAMILY CARE CLINIC USE ONLY

REFERENCES CHECKED:

- 1.
- 2.
- 3.
- 4.

Volunteer Experience and Skills Overview

Dear HFCC Volunteer Applicant,

We are very excited that you are interested in volunteering at Hope Family Care CLINIC! We have a few questions about your experience, skills, and areas of interest, which will help determine your best fit and training needs for volunteering at HFCC. Please note that all applicants will be considered regardless of experience, as there are many volunteer needs at HFCC!

Please answer yes or no to the following questions. If yes, please elaborate on your experience.

1. Would you describe yourself as an extrovert or an introvert?
2. Would you describe yourself as computer-savvy and skilled, or not?
3. Have you performed an EKG?
4. Do you have experience with obstetrics? With pediatrics?
5. Do you have experience with administering injections? With immunizations?
6. Have you had experience with clerical work, referrals, obtaining prior authorizations through insurance companies, contacting patients by phone, etc? Do you enjoy or feel particularly gifted in any of these areas?
7. Do you have experience with any of the following procedures: assisting with PAP smears, colposcopies, skin excisions, or ultrasounds? Are there any other skills/procedures with which you are experienced?
8. Have you ever used an EMR (Electronic Medical Records) system? Do you have basic computer skills of Microsoft Word, Excel, and other programs?
9. How would you describe your organizational skills?
10. Do you have any experience working with the underserved or uninsured.