



Dear Sir/Madam:

Thank you for your interest in volunteering with the Taylors Free Medical Clinic. We want your experience to be one of gratification and enjoyment.

Taylors Free Medical Clinic is a faith-based effort, caring for the whole person: body, mind and spirit in the name of Jesus Christ. We offer counseling, referrals to other agencies, and health and wellness classes. Taylors Free Medical Clinic has also been able to serve the growing Hispanic community and their health needs.

In addition to our primary care appointments, we offer specialty clinics in surgery, dermatology, gynecology, neurology, orthopedics, cardiology, physical therapy, and counseling. We have a pharmacy that dispenses all medication written in house by our providers free of charge to our patients. The clinic is approved for the Federal Tort Claims Act for malpractice insurance on all of our volunteer physicians.

For credentialing purposes, please complete the enclosed application packet, provide us with the following documentation and return it to the address below.

- *A copy of your resume
- *A copy of your medical license
- *A copy of your driver's license or picture ID
- *Two (2) references, with addresses and phone numbers
- *A copy of your TB test
- *Your Social Security number
- *Your Date of Birth

We look forward to working with you. Please call me at 864-244-1134 to schedule your time at the clinic.

Sincerely,

Karen A. Salerno
Executive Director

400 West Main Street, Taylors, SC 29687
864-244-1134 Phone 864-244-1135 Fax

Taylor's Free Medical Clinic

HEALTH INFORMATION

Health Policy for Medical, Dental, Nursing, Specialized Professionals Personnel, and Lay Volunteer:

Applicants are qualified to volunteer if their physical and mental health is such that it will not impair their ability to render quality patient care. When the Medical Director has a reason to question the physical and/or mental health status of the volunteer, the volunteer shall be asked to submit to an evaluation of their physician and/or mental health status. Such evaluations will be prerequisite to further consideration of their application for appointment or reappointment.

If a volunteer health status changes so they are unable to perform their duties, they may be considered for a more appropriate duty.

Condition of Appointment

All volunteers, health professional and lay volunteers must fulfill the following:

1. Read and sign the Attestation of Health Form.
2. A tuberculin skin test is required yearly. A volunteer with a positive TB test will be referred to his/her private physician for a chest x-ray and follow-up. In the event that a volunteer is found to have a positive TM skin test, prior to beginning clinical duties, the volunteer will need to provide a note from his/her private physician.

Taylor's Free Medical Clinic

ATTESTATION OF HEALTH

REQUIRED INFORMATION:

Known medication allergies or adverse reactions:

Medication Allergy

Type of Reaction You've Had

Your Physicians Name:

Telephone Number:

***In case of emergency, please contact:**

Name: _____ Telephone: _____

Relationship: _____

OPTIONAL INFORMATION:

List any medical condition of which you would like us to be aware of, even though these conditions do not impair your capacity to perform as a lay volunteer. Please list medications that you are currently taking. This information is needed so that we may be aware of your needs should you require health assistance on an urgent or emergency basis while volunteering as the Clinic.

Information will be treated with strict confidentiality.

Medical Conditions:

I, _____, attest and can document if called upon, that I currently am free of any physical or mental ailments that would impair my ability to perform the duties of a Volunteer. I am free of addiction to drugs, alcohol, or any other recreational chemical substances. I understand that I may not hold Taylor's Free Medical Clinic responsible for ailments that I have disclosed or have not disclosed.

Taylor's Free Medical Clinic

CONSENT FOR HEALTH SERVICES

NAME: _____

**CONSENT TO RECEIVE MEDICAL SERVICES PROVIDED BY A
PHYSICIAN, DENTIST, NURSE OR OTHER HEALTH CARE PROVIDER
VOLUNTARILY AND WITHOUT EXPECTATION OF COMPENSATION.**

I CONSENT TO RECEIVE MEDICAL SERVICES AND TREATMENT RENDERED BY ONE WHO HAS VOLUNTARILY AGREED TO PROVIDE SUCH TREATMENT WITHOUT COMPENSATION OR EXPECTATION OR PROMISE OF COMPENSATION AS PROVIDED UNDER SECTION 33-55-210 OF THE CODE OF LAWS OF SOUTH CAROLINA.

Signature

Date

Taylors Free Medical Clinic
MEDICAL/DENTAL/PHARMACY/NURSE VOLUNTEER APPLICATION

DATE: _____

LAST NAME: _____	FIRST NAME: _____	Int. _____
STREET ADDRESS: _____ CITY: _____ STATE _____ ZIP: _____		
TELEPHONE: _____ ALTERNATE PHONE #: _____		
E-Mail: _____ FAX: _____		
Emergency Contact: _____		
Contact's Phone: (Home) _____ Phone: (Work) _____		

Check One: MD DMD APRN RN LPN Pharmacist Pharmacy Tech Other

License Number: _____ Expiration date: _____ Date of Birth: _____

Social Security Number: _____ Other languages spoken _____

Describe any special skills or experience that you would like us to know about:

<u>Please check all applicable boxes</u>	
<u>I can work:</u>	<u>Preferences</u>
As needed _____	_____
1 day/week _____	_____
1 day/month _____	_____
2 days/quarter _____	_____
1 day/quarter _____	_____
2 days/quarter _____	_____
___ days per _____	_____
Other comments: _____	

What months are you not available? _____

Comments or suggestions or other information which we can use to better serve you as you serve others at Taylors Free Medical Clinic _____

Confidentiality Statement: I understand that in my capacity as a volunteer with the Taylors Free Medical Clinic I may come into contact with confidential information. I agree to protect this information to the best of my ability and not to divulge it during my volunteer service or after my volunteer service has ended.

Signed: _____ Date: _____

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The Title VII Exemption for Employment

Taylors Free Medical Clinic (TFMC) is a faith-based religious organization committed to spreading the Good News of Jesus Christ through provision of medical care and evangelism. Consistent with our charitable purpose to share the Christian Faith, a requirement for employment (or volunteering) at TFMC is affirmation and adherence to our Christian Statement of Faith. Our statement of faith prerequisite for employment (and volunteering) is based upon federal law set forth in Title VII of the Civil Rights Act of 1964, 42 U.S.C. Section 200e.

Taylors Free Medical Clinic bases its ministry on the following statement of faith:

- We believe the Bible to be the inspired, the only infallible, authoritative Word of God. **1 Thessalonians 2:13; 2 Timothy 3:15-17.**
- We believe that there is one God, eternally existent in three persons: Father, Son, and Holy Spirit. **Matthew 28:19; John 10:30; Ephesians 4:4-6.**
- We believe in the deity of our Lord Jesus Christ, in His virgin birth, in His sinless life, in His miracles, in His vicarious and 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. **Matthew 1:23; John 1:1-4 and 1:29; Acts 1:11 and 2:22-24; Romans 8:34; 1 Corinthians 15:3-4; 2 Corinthians 5:21; Philippians 2:5-11; Hebrews 1:1-4 and 4:15.**
- We believe that all men everywhere are lost and face the judgment of God, that Jesus Christ is the only way of salvation, and that for the salvation of lost and sinful man, repentance of sin and faith in Jesus Christ results in regeneration by the Holy Spirit. **Luke 24:46-47; John 14:6; Acts 4:12; Romans 3:23; 2 Corinthians 5:10-11; Ephesians 1:7 and 2:8-9; Titus 3:4-7.**

- We believe in the present ministry of the Holy Spirit, whose indwelling enables the Christian to live a godly life. **John 3:5-8; Acts 1:8 and 4:31; Romans 8:9; 1 Corinthians 2:14; Galatians 5:16-18; Ephesians 6:12; Colossians 2:6-10.**
- We believe in the resurrection of both the saved and the lost; the saved unto the resurrection of eternal life and the lost unto the resurrection of damnation and eternal punishment. **1 Corinthians 15:51-57; Revelation 20:11-15.**
- We believe in the spiritual unity of believers in our Lord Jesus Christ and that all true believers are members of His body, the Church. **1 Corinthians 12:12, 27; Ephesians 1:22-23.**
- We believe that the ministry of evangelism and discipleship is a responsibility of all followers of Jesus Christ. **Matthew 28:18-20; Acts 1:8; Romans 10:9-15; 1 Peter 3:15.**
- We believe God's plan for human sexuality is to be expressed only within the context of marriage, that God created man and woman as unique biological persons made to complete each other. God instituted monogamous marriage between male and female as the foundation of the family and the basic structure of human society. For this reason, we believe that marriage is exclusively the union of one genetic male and one genetic female. **Genesis 2:24; Matthew 19:5-6; Mark 10:6-9; Romans 1:26-27; 1 Corinthians 6:9.**
- We believe that we must dedicate ourselves to prayer, to the service of our Lord, to His authority over our lives, and to the ministry of evangelism. **Matthew 9:35-38; 22:37-39, and 28:18-20; Acts 1:8; Romans 10:9-15 and 12:20-21; Galatians 6:10; Colossians 2:6-10; 1 Peter 3:15.**
- We believe that human life is sacred from conception to its natural end; and that we must have concern for the physical and spiritual needs of our fellowmen. **Psalm 139:13; Isaiah 49:1; Jeremiah 1:5; Matthew 22:37-39; Romans 12:20-21; Galatians 6:10.**

Provider Signature

The clinic operates on an electronic medical record system called AthenaNet. Your signature will be uploaded to our EMR system and will only be accessible through your personal account. This form is used to convert your signature to an electronic format that will allow you to electronically signoff on encounters and orders without using an ink jotter. Your signature will be kept in a secure location and can be changed or discarded at any time upon your request.

Please write your signature in the box below making sure that your signature does not touch the edges of the box.

