



Christ Community Free Clinic  
1 A Street NW, Auburn, WA 98001

## VOLUNTEER APPLICATION

---

Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_  
Last First Middle

Phone Number: \_\_\_\_\_ other contact #: \_\_\_\_\_

E-Mail \_\_\_\_\_ Emergency Contact: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ (required-background check)

Present Employment: \_\_\_\_\_

Education: \_\_\_\_\_

Past paid work experience: \_\_\_\_\_

Past or current volunteer experience: \_\_\_\_\_

Special skills, training, interests or hobbies: \_\_\_\_\_

Physical limitations: \_\_\_\_\_

Write a brief statement about why you want to volunteer at Christ Community Free Clinic:

\_\_\_\_\_  
\_\_\_\_\_

In accordance with the Washington State mandate, all our patient-care volunteers must be fully vaccinated with the Covid vaccine by October 18, 2021. Please indicate whether you have been (or will be) vaccinated by that date. \_\_\_\_\_ YES \_\_\_\_\_ NO

Have you ever been convicted of a felony?  Yes  No

If yes, explain: \_\_\_\_\_

Referral Source: Friend \_\_ Relative \_\_ Walk-in \_\_ Welcome Letter \_\_ Web \_\_

References (please do not use relatives)

Name: \_\_\_\_\_ Position: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Position: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_



**Christ Community Free Clinic**  
**1 A Street NW, Auburn, WA 98001**

## VOLUNTEER APPLICATION

---

I am interested in volunteering in the following areas:

- Doctors /Physician Assistant/ARNP
- Nurses/Medical Assistant
- Social Workers
- Office Manager/Volunteer Coordinator
- Secretary/Office/Medical Records
- Maintenance: Carpenters, Electricians, Plumbers, Custodial
- Hospitality/Friendship/Host
- Interpreter (Language(s): \_\_\_\_\_)
- Social Work/Network-referral to Community Services
- Security/Parking
- Spiritual Support/Prayer team-book and literature
- Grant Writing
- Computer Services/Web Development
- Pharmaceuticals
- Drivers
- Public Relations/Fund Raising/Marketing
- Available for special one time projects
- Other: \_\_\_\_\_

Please **read** and **initial** the following requirements we ask of all prospective volunteers.

1. I will maintain at all times patient confidentiality as required by HIPPA regulations. \_\_\_\_
2. I will make every effort to keep my assigned schedule and will notify the Volunteer Coordinator if I am unable to report for duty. \_\_\_\_\_
3. I will abide by the established Christ Community Free Clinic rules and regulations. \_\_\_\_
4. I am willing to make a commitment of a minimum of one year. \_\_\_\_\_
5. I certify that the information given on this application is true and complete. \_\_\_\_\_
6. I agree to be bound by the Articles, Bylaws and Policies of Christ Community Free Clinic, and refrain from conduct in violation of CCFC's Mission/Vision or Statement of Faith
7. I understand that a Criminal Background check (RCW 10.97) will be done prior to volunteering. \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parental Signature (if under 18 years of age) \_\_\_\_\_

**Return this form to Christ Community Free Clinic**  
**P.O. Box 908 Auburn WA 98071-0908**  
**Attn: Volunteer Coordinator**