

MOUNTAIN HOME CHRISTIAN CLINIC

421 WEST WADE AVENUE
MOUNTAIN HOME, AR 72653
Phone: (870) 425-5010

Volunteer Application

(Please Print)

Name: _____

Address: _____

Phone: _____

Work Phone: _____

PROFESSIONAL VOLUNTEER OPPORTUNITIES:

Medical Doctor, Nurse Practitioner, Nurse, Pharmacist, Counselor, Dentist, Optometrist,
Physical Therapist, etc.

I am a licensed: _____

My Employer: _____

I carry professional malpractice insurance: YES NO

OTHER VOLUNTEER AREAS

MY AREA OF INTEREST IS: (Check all that apply)

Pharmacy:	Greeter / Runner:	Hospitality/kitchen:	Records:
Office:	Diabetes Care:	Maintenance:	Child Care:
Counseling:	Computer/IT:	Optical:	Dental:

I would prefer to work: (Check all that apply)

Daytime:	Night Clinic:	Anywhere I am needed:
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Briefly describe your experience and skills:

Signature

Date

Return to: Mountain Home Christian Clinic
Volunteer Coordinator
421 West Wade Avenue
Mountain Home, AR 72653

MOUNTAIN HOME CHRISTIAN CLINIC

Confidential and Non-disclosure Agreement

As a volunteer at the Mountain Home Christian Clinic (MHCC), I understand that I may encounter confidential information, both clinical and employee related, through written records, documents, ledger, internal correspondences, verbal communications, computer programs, and applications.

I agree not to divulge or disclose to anyone other than those persons in the clinic who have need to know, directly or indirectly, either during or after my volunteering, any confidential information acquired during the course of my voluntary assignment at the MHCC.

I understand and acknowledge that, in the event I breach any provision of this agreement, MHCC, in addition to any other legal remedies available to them, has the right to terminate my assignment, with or without notice, at their discretion.

I understand that there is no Workman's Compensation or personal risk insurance coverage for my MHCC volunteer employment.

PRINT NAME

SIGNATURE

DATE