

 Volunteer Application Form

Our organization relies on faithful volunteers who support our mission. If you agree with our mission, vision and beliefs and are willing to be interviewed and trained in our procedures, please complete the following application. Send completed applications to emily@lifespringcommunityhealth.org.

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Church attending: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How did you hear about us? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Area(s) of interest at LifeSpring:

\_\_\_\_ Medical (MA, Nursing, NP, MD) \_\_\_\_ Health Education \_\_\_\_ Guías de LifeSpring

 (LifeSpring Guides Program)

\_\_\_\_ Administrative \_\_\_\_ Events

\_\_\_\_ Translation \_\_\_\_ Fundraising

Any skills/experience you feel would benefit our organization? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Languages spoken fluently: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please indicate days available: Monday Tuesday Wednesday Thursday Friday

What time are you available on those days? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please provide two references with contact information:

Reference #1 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email/Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reference #2 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email/Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you are a licensed medical professional please provide us with a copy of your license and CPR cards and malpractice insurance four our records.

At LifeSpring we hold to an evangelical statement of faith. We acknowledge that believers come from many walks of faith. In order to volunteer with us we ask that you be able, in confidence, to acknowledge the statement of faith of the National Association of Evangelicals. If you are able, in good faith, please sign below.

***Statement of Faith***

We believe the Bible to be the inspired, the only infallible, authoritative Word of God.

We believe that there is one God, eternally existent in three persons: Father, Son, and Hold Spirit.

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.

We believe that for the salvation of lost and sinful people, regeneration by the Holy Spirit is absolutely essential.

We believe in the present ministry of the Holy Spirit by whose indwelling 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 life and they that are lost unto the resurrection of damnation.

We believe in the spiritual unity of believers in our Lord Jesus Christ.

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Signature

LifeSpring Community Health

Agreement Regarding Confidentiality

Those associated with LifeSpring Community Health, either as students, interpreters, observers, etc., must be continuously mindful of the special nature of the business of this organization. Seeking health care services is a highly private and personal matter. Further, such services can be effectively rendered only in a climate of respect and trust. Hence, all information which LifeSpring staff or others associated with LifeSpring Community Health possess any individual who receives professional services at LifeSpring Community Health, including the mere fact that the individual is a client, is considered strictly confidential. Under special circumstances such information may be divulged to outside parties, but only by designated staff. Conversations about clients at the workplace should be for business purposes only and should take place in areas where there is the requisite privacy. Conversations which occur outside LifeSpring’s premises must never include reference to specific clients. Any breech of the rule of the confidentiality of client information is grounds for immediate termination.

It is the policy of the organization to provide its clients with the best possible service. Associat4es are expected to treat clients in a courteous and respectful manner at all times. Associates must always remember that the client is entitled to the same thoughtful treatment that an associate would like to receive. Clients should not be treated in a condescending or impolite manner and should not be kept waiting an unreasonable amount of time.

I have read the above statement concerning confidentiality and agree to abide by it.

Signature