



FernCare Free Clinic, Inc.
751 E. Nine Mile Road, Ste. 2 Ferndale, MI 48220
248-677-2273 Appointments and Information
www.ferncare.org frontdesk@ferncare.org

VOLUNTEER APPLICATION

Name: _____
Last First MI

Address: _____
Street City State Zip

Phone: _____ (Home) _____ (Cell) _____ (Other)

Email Address: _____

Date of Birth: _____ Driver's License # _____

Occupation: _____ Currently Employed? _____

Emergency Contact: _____

Phone: _____ Relationship: _____

Community Affiliations (clubs, service organizations, etc.) _____

Previous Volunteer Experience: _____

Special Certifications (CPR, Medical, etc.): _____

Languages Spoken: _____

Please list a reference not related to you: _____ # Years Known: _____

Have you ever been convicted of or plead guilty to any crime(s) other than minor traffic violations?

Yes No If yes, please explain: _____

How did you hear about this clinic? _____

Days/Times you are available to volunteer? _____

Which of the following areas would you be willing to volunteer in? *(Please check all that apply)*

MEDICAL STAFF

SUPPORT STAFF

- Physician
- Nurse Practitioner
- Physician Assistant
- Nurse
- Medical Assistant
- Pharmacist
- Pharmacy Technician
- Lab Technician
- Student/Intern

- Database/Computer
- Social Worker/Counselor
- Community Resources
- Receptionist
- Health Insurance specialist
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- Other _____
Please specify what area

Please include a copy of your current medical license/certification, if applicable, as well as a copy of your identification (Driver’s License/Government ID). These are kept on file for insurance/auditing purposes.

Physicians must send a copy of the cover sheet with the amount of coverage and policy number of their current medical malpractice insurance. This is used until you are vetted for the Federal Tort Claims Act medical malpractice insurance. This is in addition to a medical license which is also required for insurance/auditing purposes.

As a condition of volunteering, I give permission to the FernCare Free Clinic to conduct a background check on me.

I hereby release and agree to hold harmless from liability the FernCare Free Clinic, the employees and volunteers hereof or any other person that may provide such information.

I also understand that the FernCare Free Clinic is not obligated to appoint me to a volunteer position.

If appointed, I understand that I am subject to suspension and removal for violation of FernCare Clinic policies and procedures.

Full Legal Signature

Date

Please mail completed application and all supporting documents to:
FernCare Volunteers
751 E. Nine Mile Road, Ste. 2
Ferndale, MI 48220

FernCare Free Clinic will not discriminate against any person on the basis of race, creed, color, national origin, marital status, gender, sexual orientation or disability