



HOPE CARE CLINIC  
MEDICAL-DENTAL

## Application for Volunteer Service

Thank you for your interest in volunteering with the Hope Care Clinic!

To start the application process, please complete the form below. The clinic director will contact you via email within a week to follow up on your application.

Please be aware that you will be asked to complete a background check as part of the application process.

First and last name (print)

---

Email

---

Phone

---

Full mailing address (number, street, city, state, zip code)

---

Date of birth

---

Emergency contact (include their first and last name, your relationship, and their phone number)

---

Which type of position are you interested in?

- front office or other non-medical
- medical or dental (licensed and certified personnel)

Why do you want to volunteer at Hope Care Clinic?

---

---

---

---

In what capacity would you like to volunteer?

---

---

Education

---

---

Work experience (employment and volunteer)

---

---

---

---

Please list 2 references (No relatives. Name, relationship, phone)

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_

Licensure(s)/certifications held (Medical and dental professionals only. Please don't include your license number on this form.)

---

---

---

Due to the level of training/credentialing involved, we require at least a 1-year commitment with a minimum of 1 shift every 2 months. Are you able to commit to this?

- Yes
- No

If not, why?

---

---

Availability

---

---

When are you able to start? (date)

---

**Please read the following very carefully. You will be asked to acknowledge that you have read the Hope Care Clinic's mission and statement of faith during your interview or orientation -**

THE MISSION STATEMENT AT HOPE CARE CLINIC IS:

To share the love of Christ to the uninsured in Central Washington through the physical means of providing basic medical and dental services, and the spiritual means of testimony and prayer, while connecting them to the existing health community.

## HOPE CARE CLINIC'S STATEMENT OF FAITH

- We believe the Bible to be the uniquely inspired, infallible, and authoritative word of God.
- We believe that there is one God, eternally existent in three persons: Father, Son, and Holy 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 His personal return in power and glory.
- We believe that regeneration by the Holy Spirit is essential for the salvation of sinful people.
- We believe in the present ministry of the Holy Spirit by whose indwelling presence the Christian is enabled to live a godly life.
- We believe in the resurrection of the dead whereby those in Christ are eternally saved and those without Christ are eternally lost.
- We believe in the spiritual unity of believers in our Lord Jesus Christ.

Yes, I have read and understand the Hope Care Clinic's mission and statement of faith.

Yes

### **Please read the following very carefully -**

I understand that my services are donated to Hope Care Clinic without contemplation of compensation or future employment and given with humanitarian or charitable reasons.

Hope Care Clinic has my permission to make inquiries into my past record of attendance, attitude, cooperation, dependability, interpersonal relations and learning ability. Misstatements or significant omissions of facts in this application may be grounds for discharge from this volunteer service.

Yes, I have read, understand and agree to the above.

Yes

I understand that a background check will be required as part of my application process.

Yes

Signature

---

Today's date

---

Mail or email application to:

Hope Care Clinic  
414 South Columbia Street  
Wenatchee, WA 98801

(509) 888-7796 | [clinic@hopecareclinic.com](mailto:clinic@hopecareclinic.com)

Updated January 5, 2021