



Thanks for your interest in volunteering at Hope Family Care Center (HFCC). We're excited that you want to spend your free time serving the underserved and uninsured in our community!

HFCC is part of a larger organization, The Hope Center (THC), which was started in 1998 by founder Chris Jehle as an after-school Bible study in our neighborhood. After a few years of living here and spending time with the community, Chris and his wife Tammi envisioned an organization that could be dedicated to whole neighborhood restoration. Hope Family Care Center is one piece – providing quality health care – of that larger vision. In addition to the youth program, THC programs include a public charter school (Hope Leadership Academy), affordable housing, and a neighborhood church.

We have come to rely on a group of dedicated volunteers, who through their consistency and passion become experienced in the nuances of HFCC's operations. We've found these committed volunteers are essential to a well-functioning clinic. **Therefore, we ask for a minimum one-year volunteer commitment.** We also ask volunteers to work either one shift weekly or twice monthly in order to maintain consistency.

We also want to stress that **becoming a volunteer does not imply future employment.** There are rare circumstances where this may occur, but it is the exception. HFCC is a nonprofit organization with a limited budget, and we work to keep a small yet efficient staff.

HFCC is open 8:30am-5:00pm M-F and the second Saturday morning of each month. If you can, please join us for morning devotions each day at 8:05am; we find it a vital and uplifting time as we lift one another and our patients before God and commit ourselves to fulfilling His will each day. Otherwise, morning clinic begins at 8:30am and runs through about 12pm. Afternoon clinic starts at 1:30pm and runs through about 5pm.

HFCC's mission is to honor God, by providing personal, quality health care. This means we value respect, kindness, and empathy, which are especially important in a medical setting where people are usually not feeling their best and probably hurting. It is not always easy serving an underserved population, but please remember to treat HFCC patients as you would want to be treated in your own Doctor's office.

The steps to becoming a volunteer are as follows:

1. Pray about your decision
2. Make a verbal commitment
3. Complete and return volunteer application and skills overview (attached)
4. HFCC completes background check (can take up to 2 weeks)
5. Sign commitment sheet
6. Successfully complete volunteer training (Held quarterly in November, February, May, and August).

Thanks again for your interest in volunteering, and we look forward to your joining the HFCC family!

APPLICATION FOR HOPE FAMILY CARE CENTER

3027 PROSPECT
KANSAS CITY, MO 64128
PHONE: 816-861-6500 FAX: 816-861-6503

This application is to be completed by all applicants for any position (volunteer or compensated). It is being used to help Hope Family Care Center provide a safe and secure environment for our clinic and use of our facilities.

Please circle the position(s) in which you're interested:

- Physician
- Physician's Assistant
- Nurse Practitioner
- Nurse (LPN, RN, Other)
- Front-Office
- Medical Assistant
- Referral Clerk
- Lab/Phlebotomy Assistant

PERSONAL INFORMATION

NAME

DATE OF APPLICATION

ADDRESS (INCLUDE CITY, STATE AND ZIP)

HOME PHONE

WORK PHONE

EMAIL ADDRESS

MOBILE PHONE

CAN WE CONTACT YOU
THERE? Y OR N

DATE OF BIRTH

SOCIAL SECURITY NUMBER

TYPE OF DRIVER'S LICENSE:

REG____ CDL____ OTHER____ LIC.#____

OCCUPATION

EMPLOYER

WORK STATUS

MARITAL STATUS

PART TIME____ FULL TIME____
STUDENT____ OTHER____

SINGLE____ ENGAGED____ DIVORCED____ SEPARATED____
MARRIED____ REMARRIED____ WIDOWED____

DAYS OF THE WEEK YOU'RE AVAILABLE TO VOLUNTEER

MON____ TUES____ WED____ THURS____ FRI____ SAT____

CAN YOU VOLUNTEER

ALL DAY____ HALF DAY____

WEEKLY____ EVERY OTHER WEEK____

WORK /STUDENT EXPERIENCE

DATES OF EMPLOYMENT OR NA FOR SCHOOL	NAME OF EMPLOYER/SCHOOL	PHONE NUMBER	POSITION/YEAR IN SCHOOL
FROM:			
TO:			
FROM:			
TO:			

BACKGROUND INFORMATION

HAVE YOU EVER BEEN ACCUSED OF, INVESTIGATED FOR OR CONVICTED OF ANY TYPE OF CHILD NEGLECT, ABUSE OR MOLESTATION? YES _____ NO _____

IF YES, PLEASE GIVE THE DETAILS OF THE SITUATION

ARE YOU CURRENTLY INVOLVED IN ANY LEGAL CASES (CIVIL, CRIMINAL, ETC.)? YES _____ NO _____

IF YES, PLEASE EXPLAIN

HAVE YOU EVER BEEN CONVICTED OF ANY OFFENSE AGAINST THE LAW (YOU MAY OMIT MINOR TRAFFIC VIOLATIONS)? YES _____ NO _____

IF YES, PLEASE EXPLAIN

ARE YOU CURRENTLY USING ILLEGAL DRUGS? YES _____ NO _____

IS THERE ANY CIRCUMSTANCE OR PATTERN THAT WOULD MAKE IT INAPPROPRIATE FOR YOU TO BE WORKING AT A HEALTH CLINIC? YES _____ NO _____

IF YES, PLEASE EXPLAIN

IF APPLICABLE, ARE YOU IN GOOD STANDING WITH ALL NECESSARY BOARDS AND LICENSING REQUIREMENTS? YES _____ NO _____

ARE YOU LICENSED IN MISSOURI? YES _____ NO _____ IF NOT, CAN YOU BE? YES _____ NO _____

STATEMENT OF TRUTH

I HEREBY STATE THAT ALL THE INFORMATION CONTAINED ON THIS APPLICATION IS CORRECT AND TRUE. IF HOPE FAMILY CARE CENTER IS NOTIFIED THAT ANY INFORMATION CONTAINED HEREIN IS FALSE, IT WILL BE GROUNDS FOR MY IMMEDIATE DISMISSAL. I ALSO UNDERSTAND THAT COMPLETION OF THIS APPLICATION IN NO WAY GUARANTEES OR IMPLIES ACCEPTANCE TO HOPE FAMILY CARE CENTER.

SIGNATURE _____ DATE _____

I AUTHORIZE ANY REFERENCES LISTED IN THIS APPLICATION TO GIVE HOPE FAMILY CARE CENTER ANY INFORMATION THEY MAY HAVE REGARDING MY CHARACTER, AND I RELEASE ALL SUCH REFERENCES FROM LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM FURNISHING SUCH EVALUATIONS TO HOPE FAMILY CARE CENTER.

SIGNATURE _____ DATE _____

SHOULD MY APPLICATION BE ACCEPTED, I AGREE TO BE BOUND BY THE CONSTITUTION AND BYLAWS AND POLICIES OF THIS ORGANIZATION, AND TO REFRAIN FROM INAPPROPRIATE CONDUCT IN THE PERFORMANCE OF MY SERVICES ON BEHALF OF HOPE FAMILY CARE CENTER.

SIGNATURE _____ DATE _____

I UNDERSTAND THAT ALL ITEMS RELATED TO THIS APPLICATION SUBMITTED TO HOPE FAMILY CARE CENTER ARE A PART OF THE APPLICATION PROCESS AND BECOME THE PERMANENT PROPERTY OF HOPE FAMILY CARE CENTER AND WILL NOT BE RETURNED.

SIGNATURE _____ DATE _____

I UNDERSTAND THAT THE INFORMATION CONTAINED ON THE PERSONAL RECOMMENDATIONS IS CONFIDENTIAL. I HEREBY WAIVE MY RIGHT TO SEE THE CONFIDENTIAL MATERIAL CONTAINED THEREIN AND I HEREBY RELEASE SAID MATERIALS TO BECOME THE PROPERTY OF HOPE FAMILY CARE CENTER.

SIGNATURE _____ DATE _____

******DUE TO LIABILITY ALL STAFF (I.E. PAID STAFF AND VOLUNTEER STAFF) ARE SUBJECT TO A CRIMINAL HISTORY CHECK. PLEASE BE AWARE OF THIS AS YOU AGREE TO BE A VOLUNTEER, ASSISTANT OR STAFF MEMBER IN ANY CAPACITY.**

PERSONAL REFERENCES

(MUST HAVE A DEFINITE KNOWLEDGE OF YOUR CHARACTER AND QUALIFICATIONS. PLEASE DO NOT INCLUDE ANY RELATIVES)

1 <u>NAME</u>		2 <u>NAME</u>	
<u>ADDRESS</u>		<u>ADDRESS</u>	
<u>CITY/ZIP</u>		<u>CITY/ZIP</u>	
<u>PHONE</u>	<u>RELATIONSHIP</u>	<u>PHONE</u>	<u>RELATIONSHIP</u>
How long have you known this person?		How long have you known this person?	
3 <u>NAME</u>		4 <u>NAME</u>	
<u>ADDRESS</u>		<u>ADDRESS</u>	
<u>CITY/ZIP</u>		<u>CITY/ZIP</u>	
<u>PHONE</u>	<u>RELATIONSHIP</u>	<u>PHONE</u>	<u>RELATIONSHIP</u>
How long have you known this person?		How long have you known this person?	

FOR HOPE FAMILY CARE CENTER USE ONLY

REFERENCES CHECKED:

- 1.
- 2.
- 3.
- 4.

Volunteer Medical Experience, Skills Overview and Immunizations Policy

Dear HFCC Volunteer Applicant,

We are very excited that you are interested in volunteering at Hope Family Care Center! We have a few questions about your medical experience, skills, and areas of interest, which will help determine your best fit and training needs for volunteering at HFCC. Please note that all applicants will be considered regardless of experience, as there are many volunteer needs at HFCC!

Please answer yes or no to the following questions. If yes, please elaborate on your experience.

1. Have you performed an EKG?
2. Do you have experience with obstetrics?
3. Do you have experience with pediatrics?
4. Do you have experience with administering injections?
5. Are you familiar with childhood immunizations and administration?
6. Have you had experience with clerical work, referrals, obtaining prior authorizations through insurance companies, contacting patients by phone, etc? Do you enjoy or feel particularly gifted in any of these areas?
7. Do you have experience with any of the following procedures: assisting with PAP smears, colposcopies, skin excisions, or ultrasounds? Are there any other skills/procedures with which you are experienced?
8. Have you ever used an EMR (Electronic Medical Records) system? Do you have basic computer skills of Microsoft Word, Excel, and other programs?
9. How would you describe your organizational skills?

10. Do you have any experience working with the underserved or uninsured?

HFCC Immunizations and Tuberculin (TB) Skin Testing Policy

It is the policy of HFCC that medical staff and medical volunteers (medical assistants, including students, nurses, medical assistants doctors) will have documentation on file of the following vaccinations or laboratory confirmation of immunity (titers): Hepatitis A, Hepatitis B, Tdap, MMR, Varicella, and yearly Influenza upon first day of being employed or volunteering. Other staff and volunteers, including front office personnel, will need to provide documentation of the following vaccinations or titers: Tdap, MMR, Varicella, and yearly Influenza. For persons born before 1997, a reliable history of Varicella (chicken pox) virus will fulfill that requirement. Exceptions will be determined on a case-by-case basis by the nurse leader.

Tuberculin Skin Testing is to be performed once every 2 years for both staff and all volunteers. This information will be kept on file.

All immunizations, lab draws, and TB skin testing can be performed at HFCC, if the staff member or volunteer prefers, and billed to insurance, or for those uninsured, performed at cost.