



# PUGET SOUND CHRISTIAN CLINIC

*Bringing hope and health to communities*

## Volunteer Application

Initial checklist for those interested in volunteering at Puget Sound Christian Clinic:

1. Read PSCC's Mission Statement and Statement of Faith
2. Fill out application form with basic info and interests
3. Read and sign confidentiality agreement
4. Mail completed enrollment forms, Confidentiality Agreement form, and license copies (as necessary) to:

Puget Sound Christian Clinic

2150 N 122nd St

Seattle, WA 98133

OR fax to : (206) 363-1723

OR scan and email to: [jalleg@pschristianclinic.org](mailto:jalleg@pschristianclinic.org)



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## Mission Statement

To show Christ, the Great Physician, to the community of Puget Sound, Washington through a church-based health clinic for the medically underserved.

To show Christ to:

The low-income uninsured and under-insured population by providing them with quality compassionate health care and asking the Holy Spirit for opportunities to share the Good News of the Great Physician with them.

The Christian community by training God's people to sacrificially serve the underserved with the humility of Jesus, showing Christ to them through their words and compassionate care.

The people of Puget Sound, Washington through the unity of Christ's body coming together to sacrificially serve the medically underserved.

## Code of Ethics

PSCC's foundation for establishing an ethics policy is based on our understanding of the Bible. The following principles and procedures have been developed based on that spiritual heritage.

PSCC is committed to the following principles:

- ◆ Courtesy and respect—Everyone is entitled to unending respect and courtesy without discrimination in any form. PSCC desires to provide culturally competent services that preserve the dignity of all those who come to us in need.
- ◆ Integrity—One's action should at all times be of the highest professional and personal standards, reflecting honesty, trustworthiness and confidentiality.
- ◆ Avoidance of Harm—As in the first words of the Hippocratic Oath, in whatever work we do “first do no harm”. The basic orientation of our work should be in the best interest of the program participant.
- ◆ Confidentiality—Confidentiality shall be respected at all times.
- ◆ Competence—Staff will only act within the boundaries of their own skills and will seek consultation when needed.
- ◆ Compassion—PSCC believes in the basic dignity and worth of all people and will treat others with kindness and sensitivity.



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## Statement of Faith

- I. The Bible, both Old and New Testaments, is inspired by God. It is the only infallible authoritative Word of God. There is only one God. He is infinitely perfect and exists eternally in three persons: Father, Son and Holy Spirit. (Matthew 28:19) - II Peter 1:20,21; II Timothy 3:15, 16
- II. Man was created in the image of God. Of his own free choice, he sinned and, as a result, brought death upon all humanity.—Genesis 1:27; I Corinthians 15:20-23
- III. Jesus Christ is both God and man. We believe in His virgin birth, sinless life, death upon the cross as a sacrifice for our sins, His bodily resurrection, His ascension to the right hand of the Father, and His return to earth to establish His kingdom.—Philippians 2:6-11; Luke 1:26-38; I Peter 3:18; Hebrews 2:9; Romans 5:9; Acts 2:23-24
- IV. The Holy Spirit is a divine person, sent to indwell and empower believers to live a holy life.—John 14:15-18; John 16:7-13
- V. Salvation has been provided through Jesus Christ for all men. We are saved by grace through faith, apart from works. Anyone who repents and believes in Him is born again of the Holy Spirit, becomes a child of God and receives the gift of eternal life.—Titus 3:4-7
- VI. The Church consists of all those who believe in Jesus Christ, are redeemed through His blood, and are born again of the Holy Spirit. Christ is the Head of the Church, which has been commanded by Him to go into all of the world as a witness, preaching the Good News of Christ to all nations.—Ephesians 1:22-23; Matthew 28:19-20
- VII. There is a bodily resurrection of both the saved and the lost; the saved to life, and the lost to judgment—I Corinthians 15:20-23; John 5:28-29
- VIII. The second coming of Jesus Christ to the earth is imminent.—Hebrews 10:37



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**PSCC VOLUNTEER APPLICATION FORM**

Interviewed: \_\_\_\_\_  
References: \_\_\_\_\_  
WSP: \_\_\_\_\_  
Malpractice: \_\_\_\_\_  
Licenses: \_\_\_\_\_

NAME:		
Last:	First:	Middle Initial:
ADDRESS:		
Street:	City:	State & zip code:
CONTACT INFORMATION:		
Home Phone:	Other Phone:	E-mail:
Ethnic Background:	Date of Birth:	Gender:
Age Group: (circle appropriate category) 18-25   26-35   36-45 46-55   56-65   66+	VOLUNTEER LOCATION/EVENT:	
EMERGENCY CONTACT INFORMATION:		
Name:	Phone:	Relationship:
EDUCATION:		
Institution:	Degree Earned:	Date:
WORK EXPERIENCE (begin with most current):		
1. Employer:	Address:	Phone:
Position Held:	Dates Worked –From:	To:
2. Employer:	Address:	Phone:
Position Held:	Dates Worked –From:	To:
PERSONAL REFERENCES (We request these not be immediate family. If applying for spiritual care please supply a pastoral reference.)		
Name:	Relationship:	Phone:
Name:	Relationship:	Phone:
Areas in which you are interested in serving (circle all that apply):		
Office/Clerical	Fundraising/Special Events	Case Management
		Receptionist
		Prayer/Spiritual Care
Dental	Medical/Nursing	Pharmaceutical
		Professional Counseling
Meal Preparation	Floater	Mobile Clinic Driver
		Site Coordinator
		Other: _____
Professional Skills (specify):		
Other related talents and hobbies:		





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## **NON-EMPLOYEE CONFIDENTIALITY STATEMENT**

All patient Protected Health Information (PHI, which includes patient medical and financial information), employee records, financial and operating data of Puget Sound Christian Clinic (PSCC), and any other information of a private or sensitive nature is considered confidential. Confidential information shall not be used or disclosed unless specific permission to do so has been obtained and granted by the privacy officer or designee. Applicable federal and state laws shall be followed to seek patient permission for any use or disclosure of PHI. Examples of inappropriate disclosures include:

- ◆ Discussing or revealing confidential information to friends or family members.
- ◆ Discussing or revealing confidential information to other coworkers or employees without a legitimate need to know.
- ◆ The disclosure of patient's presence in the office, hospital, or other medical facility, without the patient's consent, to an unauthorized party without a legitimate need to know and that may indicate the nature of the illness and jeopardize confidentiality.

The unauthorized disclosure of confidential information can subject an individual and PSCC to liability. Disclosure of confidential information to unauthorized persons, or unauthorized access to, or misuse, theft, destruction, alteration, or sabotage of such information, may result in your immediate removal from the premises and /or PSCC, and may lead to legal action and /or a duty for you to mitigate damages.

## **CONFIDENTIALITY AGREEMENT**

I hereby acknowledge, by my signature below, that I understand that patient PHI and other confidential or proprietary information of Puget Sound Christian Clinic, which I may see or hear or otherwise gain knowledge of in the course of my visit/work with PSCC, is to be kept confidential, and this confidentiality is a condition of my privileged work/visit with PSCC. This information shall not be used or disclosed to anyone unless specifically authorized by PSCC. The unauthorized use or disclosure of patient PHI is possible grounds for: immediate removal from the premises; revocation of all future visiting/working privileges; legal action; and/or a duty to mitigate damages.

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Signature

Date

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Printed Name



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**Personal Reference Form**

The applicant named below has applied for a volunteer position at Puget Sound Christian Clinic. S/he has given your name as a reference. Please give us your opinion of the applicant by responding to the questions below. Thank you in advance for your honest remarks which will help us as we discern whether the candidate will be suitable for the position for which s/he has applied.

Applicant Name: \_\_\_\_\_

Position applied for: \_\_\_\_\_

I request the individual named below to provide his/her perspective on my qualifications and experiences as they relate to my application for the above position. I waive my right to review this form after its completion and shall release this individual from any and all liability from damages related to his/her completion of this form.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Reference Name: \_\_\_\_\_

Reference Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Relationship of Reference to Applicant: \_\_\_\_\_ Duration of Relationship: \_\_\_\_\_

**General Evaluation of Applicant:** Please check the box that matches best with the candidate.

Qualification	Excel- lent	Good	Fair	Poor	Unable to As- sess	Comments
Punctuality						
Honesty						
Dependability						
Cultural Sensitivity						
Emotional Maturity						
Patience						
Team Work						
Work Attitude						
Communication						
Teachable						

Briefly describe the candidate's personality style.

Briefly describe the candidate's leadership style.

Is there anything that has not been asked here that might be important for us to know as we consider him/her for a volunteer at Puget Sound Christian Clinic?

Please indicate the strength of your overall endorsement of this person as a volunteer for Puget Sound Christian Clinic:

- Highly Recommended     Recommended     Recommended With Some Reservation  
 Not Recommended

**After completing this form please Do Not return to applicant. Mail or fax the completed form to:  
(206) 363-1723**

Puget Sound Christian Clinic  
Volunteer Program Manager  
2150 N 122<sup>nd</sup> St.  
Seattle, WA 98133



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