



## VOLUNTEER APPLICATION

**Thank you for your interest in volunteering with Puget Sound Christian Clinic. Our current sites include the following;**

- Haller Lake:* Haller Lake Fixed Site, Wednesdays 5-9pm and 1<sup>st</sup>, 3<sup>rd</sup> & 4<sup>th</sup> Fridays 9am-1pm  
*Snohomish:* Cross View Church, 1<sup>st</sup> & 2<sup>nd</sup> Thursdays 5-9pm  
*Edmonds:* Edmonds United Methodist Church, Tuesdays 8am-12:00pm  
*Bellevue:* Jubilee Reach, 2<sup>nd</sup> & 4<sup>th</sup> Saturdays 9am-1pm  
*Kirkland:* Northshore Baptist Church, 2<sup>nd</sup> & 4<sup>th</sup> Wednesdays 5-9pm  
*Shoreline:* Northwest Church, 1<sup>st</sup> and 3<sup>rd</sup> Fridays 12-4pm  
*Green Lake:* Aurora Commons, 1<sup>st</sup> & 3<sup>rd</sup> Tuesdays 5-9pm

**Please complete the steps below to begin your application process.**

1. Review the Overview of Application Checklist Items
2. Complete the Application Form.
3. Read and sign the Confidentiality Agreement Form
4. Send reference forms to two individuals (separate attachment)
5. Mail, fax, or email completed Application and Confidentiality Agreement form to:

**Mail:**

Puget Sound Christian Clinic  
ATTN: Volunteer Programs  
2150 N. 122<sup>nd</sup> St.  
Seattle, WA 98133

**Fax:**

206-363-1723

**Scan & Email:**

volunteer@pschristianclinic.org



## OVERVIEW OF APPLICATION CHECKLIST ITEMS

**The following checklist items must be completed by ALL volunteers. Upon receipt of the application form and references, an email will be sent with the remaining documents. Please see the following page for a detailed explanation of select items.**

- Application Form and Confidentiality Statement
- 2 Reference Forms (one personal and one professional)
- Hepatitis B series (verify/start series) Proof or Signed Declination form (declining Hep B series)
- Two-part TB exam (PPD and/or chest x-ray) within 3 months
- Overview of Regulatory Bodies
- Bloodborne Pathogens Training and Quiz
- HIPAA Training and Quiz
- PSCC Volunteer Handbook
- Electronic Medical Record (EMR) Training
- CPR Card (optional for non-medical volunteers)
- CDL Medical Record & Driver's License – Class A or B (mobile medical unit drivers only)
- Interview with PSCC staff

**The following additional checklist items must be completed by all Medical volunteers:**

- Copy of Professional License
- Malpractice insurance (available free for volunteers)
- Copy of Drug Enforcement Agency (DEA) Certificate
- PA Practice Plan (physician's assistant only)

***Thank you for completing the application process. Please contact us with any questions!***

## EXPLANATION OF CHECKLIST ITEMS

**Application Form and Confidentiality Statement** – The application needs to be completed and sent to our office to begin application processing.

**2 Reference Forms (one personal and one professional)** – The applicant should secure two references to complete the references forms.

**Hepatitis B series (verify/start series) Proof or Signed Declination form (declining Hep B series)** – Those who have not had the Hepatitis B series can choose to start the series at the time of the application or to sign a waiver that acknowledges the risk.

**Two-part TB exam (PPD and/or chest x-ray) within 3 months** – We require a two-part PPD result, meaning that the first PPD is placed and read, and then 1-3 weeks later the second PPD is placed and read. This is based on Washington state regulations for clinics like ours who serve high risk populations. If you cannot get the PPD placed through your Medical Provider or your place of employment, please contact us and we can assist you at a reduced cost.

**Overview of Regulatory Bodies** – Our clinic is driven by the laws and regulations of the five legal bodies listed on this document, which needs to be signed and returned to our office.

**Bloodborne Pathogens Training and Quiz** – Our volunteers must complete a quiz certifying their understanding of the hazards of bloodborne pathogens and safety precautions necessary in the clinic.

**HIPAA Training and Quiz** – Our volunteers must complete a quiz certifying their knowledge of federal regulations for patient confidentiality.

**PSCC Volunteer Handbook** – Our volunteers must sign a document acknowledging their understanding of our handbook, which covers our policies and procedures.

**Electronic Medical Record (EMR) Training** – EMR training involves a 2-3 hour evening class that teaches our volunteers how to use Practice Fusion, our medical record database. We offer EMR trainings once a month, usually on the second Monday.

**Interview** – An interview will be scheduled with upon receipt of your application and references.

**Malpractice Insurance** – If your office or hospital offers malpractice insurance that covers volunteer experience (i.e. NSO), then we will need a copy of that policy. Otherwise, you can access free malpractice insurance available for licensed professionals who are volunteers. We can provide you with the application. Malpractice insurance takes 3-5 weeks from the date of application to be activated, so please apply as soon as possible.

**Practice Plan** – PSCC requires a plan for physician's assistants that is specific to our clinic and can take up to 5 weeks to process.



# PSCC Volunteer Application Form

## APPLICANT INFORMATION

Last Name	First	Middle Name	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Home Phone	Cell Phone		
Email	Date of Birth	Gender	Ethnicity

## EMERGENCY CONTACT

Name	Phone Number	Relationship
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## EDUCATION

Institution	Degree Earned	Date
Institution	Degree Earned	Date

## WORK EXPERIENCE

*Begin with most recent*

Employer	Position	
Address	Phone	Dates Held
Employer	Position	
Address	Phone	Dates Held

## 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 OF INTEREST

*Check all that apply*

**MEDICAL**

Medical Provider  
  Nurse  
  Medical Assistant  
  Dentist  
  Dental Hygienist  
  Dental Assistant

**NON-MEDICAL**

Receptionist  
  Mobile Clinic Driver  
  Floater  
  Spiritual Care  
  Site Coordinator  
  Meal Provider

Patient Advocate/Pharmacy Assistant  
  Patient Scheduler  
  Case Manager  
  IT Technical Support  
  Off-site Administrator

## SITES OF INTEREST

*Check all that apply*

Haller Lake (fixed site)  
  Shoreline  
  Snohomish  
  Kirkland  
  Bellevue

Green Lake (Aurora Commons)  
  Edmonds

**PROFESSIONAL SKILLS****OTHER RELATED TALENTS AND/OR HOBBIES****Why would you like to serve as a volunteer at PSCC?****AVAILABILITY**

Monday		Thursday	
Tuesday		Friday	
Wednesday		Saturday	

**Puget Sound Christian Clinic is a non-denominational Christian health clinic. Are you willing and able to cooperate with people whose beliefs/denominations may be different from yours?**

YES       NO

**Do you attend a church?**

YES       NO      If YES, which one? \_\_\_\_\_

**Have you accepted Jesus Christ as Lord and Savior?**

YES       NO      If YES, approximately how long ago did you make this commitment? \_\_\_\_\_

**Please briefly describe your life with God and explain what it means to you to be a believer in Jesus Christ. If you answered no to the previous question, please share what your beliefs are with us.**

**I hereby certify that the above is true and complete to the best of my knowledge.**

Signature		Date	
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**By submitting this application, I authorize Puget Sound Christian Clinic and its representatives to investigate and verify any and all of the information contained in this volunteer application, including a criminal background check and reference checks. I also authorize all previous employers, schools, and individuals herein to verify any and all information I have provided and to give any additional information in response to reference questions intended to determine my suitability for volunteer service.**

Signature		Date	
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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 any-one 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.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_