



Catherine's
HEALTH CENTER
Open doors.
Quality care.

1211 Lafayette Ave N.E.
Grand Rapids, MI 49505
Phone: 616.336.8800 Fax: 616.336.9700

Office Use Only:

- | | |
|--------------------------------------|--------------------------------------|
| Date _____ | |
| <input type="checkbox"/> License | <input type="checkbox"/> Interview |
| <input type="checkbox"/> Tour | <input type="checkbox"/> Waivers |
| <input type="checkbox"/> Data | <input type="checkbox"/> Manual |
| <input type="checkbox"/> Orientation | <input type="checkbox"/> Photo |
| <input type="checkbox"/> TB | <input type="checkbox"/> Eth. Dir/SS |
| <input type="checkbox"/> CV | <input type="checkbox"/> Insurance |
| <input type="checkbox"/> Valid. | <input type="checkbox"/> NPI |
| <input type="checkbox"/> Photo ID | <input type="checkbox"/> Hosp. |
| <input type="checkbox"/> DEA | <input type="checkbox"/> MSP |

Volunteer Provider Application

Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home phone: () Cell phone: ()

E-mail: _____

Current Professional Registration/License: _____

Are you currently employed as a medical provider? Yes No

If yes, where? _____

Current hospital affiliations: _____

Bilingual? Yes No If yes, which language(s)? _____

Have you been convicted of a felony? Yes No

If yes, please explain: _____

Please provide all medical information we should know (allergies, special medications, instructions, &/or conditions): _____

Emergency Contact: _____ Phone : _____

Availability:

Time: _____ Day(s): _____

How often per week/month: _____

How long can you commit to this service? _____

When are you available to start? _____

Where did you hear about Catherine's Health Center? _____

As a volunteer medical provider, we request a copy of the following documents:

- Your current license(s)
- Your Curriculum Vitae
- A valid driver's license or photo ID
- Documentation of current TB test, if available
- Current malpractice insurance information, if available

At Catherine's Health Center, it is our mission is to provide health education, screening, and primary care medical services to low income, underinsured, and medically underserved residents of Grand Rapids, MI. As a volunteer at CHC, I will be required to follow all personnel policies and rules of the organization. I have completed this volunteer application and hereby declare the information provided to be accurate and complete to the best of my knowledge.

Signature: _____ Date: _____

Thank you for your interest in volunteering at Catherine's Health Center!
We will contact you shortly.