



**Catherine's**  
HEALTH CENTER  
*Open doors.*  
*Quality care.*

**Send completed application to:**  
*Jess Eglinton, Executive Assistant*  
*1211 Lafayette Ave NE Grand Rapids, MI 49505*  
*or [jeglinton@catherineshc.org](mailto:jeglinton@catherineshc.org) (616.336.8800 ext. 204)*

*Office Use Only:*

- |  |                                      |
|--|--------------------------------------|
| Date _____                             |                                      |
| <input type="checkbox"/> Interview     | <input type="checkbox"/> Manual      |
| <input type="checkbox"/> Tour          | <input type="checkbox"/> Nametag     |
| <input type="checkbox"/> Dept          | <input type="checkbox"/> Hours Log   |
| <input type="checkbox"/> Waivers       | <input type="checkbox"/> Orientation |
| <input type="checkbox"/> Credentialing |                                      |

**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? \_\_\_\_\_

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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.*