



700 Oglethorpe Avenue, Suite C7  
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[www.mercyhealthcenter.net](http://www.mercyhealthcenter.net)

**Office Use**

- GVHCP Packet Received \_\_\_\_\_  
 GVHCP Approved \_\_\_\_\_  
 Confidentiality Agreement \_\_\_\_\_

# Clinical Volunteer Application

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Profession / Title: \_\_\_\_\_ Area of specialty: \_\_\_\_\_

License #: \_\_\_\_\_ Certification #: \_\_\_\_\_

Affiliated Practice/Institution: \_\_\_\_\_

In case of Emergency, please contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

How did you hear about Mercy Health Center?

- Current Volunteer  
 Friend/Family Member  
 Church  
 Medical/Dental Practice  
 Website  
 Other: \_\_\_\_\_

What is your faith identity? (i.e. Christian, Jewish, Muslim, Buddhist, No Faith, etc...) \_\_\_\_\_

What house of worship do you attend, if applicable? \_\_\_\_\_

Why do you want to volunteer with us? \_\_\_\_\_

\_\_\_\_\_

Is there a particular patient population you most enjoy working with or have the most experience providing care for?

The mission of Mercy is to provide quality, whole-person healthcare in a Christ-centered environment to our underserved neighbors.

How do you hope your service will support these goals? \_\_\_\_\_

\_\_\_\_\_

**Please answer the following questions and explain affirmative responses on back or on additional sheet.**

Have you had your license to practice medicine suspended, revoked, or restricted?

- Yes  No

Have you had disciplinary measures taken against you by the Board of Nursing/Board of Medical Examiners?

- Yes  No

Have you had your clinical privileges at any health care facility deemed suspended, restricted, or revoked?

- Yes  No

Have you ever had disciplinary measures taken against you at a health care facility?

- Yes  No

Has your DEA ever been restricted, suspended, or revoked?

- Yes  No

Have you ever been convicted of a felony?

- Yes  No

**Which clinic shift(s) best fits your schedule? Please circle your most available time(s).**

Monday	9:00 am – 12:00 pm	1:00pm – 4:30 pm	
Tuesday	9:00 am – 12:00 pm	1:00pm – 4:30 pm	6:00 pm – 9:00 pm
Wednesday	9:00 am – 12:00 pm	1:00pm – 4:30 pm	
Thursday	9:00 am – 12:00 pm	1:00 pm – 4:30 pm	6:00 pm – 9:00 pm
Friday	9:00 am – 12:00 pm	1:00 pm – 4:30 pm	

Ideally, how often would you like to volunteer?

- Weekly  
 Every other week  
 Monthly  
 Every other month  
 Other: \_\_\_\_\_