



C-ASIST FREE FAMILY HEALTH CLINIC FREE WELLNESS AND MENTAL HEALTH CLINIC

HEALTH PROFESSIONAL APPLICATION

PERSONAL INFORMATION

Name: _____
Last First MI

Address: _____
Street City State Zip

Phone: _____ (Home) _____ (Cell) _____ (Other)

Email Address: _____

Emergency Contact: _____

Phone: _____ Relationship: _____

Affiliations (clubs, service organizations, etc.)

Languages Spoken:

Arabic English Spanish French

Have you ever been convicted of or plead guilty to any crime(s) other than minor traffic violations?

Yes No If yes, please explain: _____

VOLUNTEERING INFORMATION

Which of the following areas would you be willing to volunteer in? *(Please check all that apply)*

Physician	<input type="checkbox"/>	Physician Assistant	<input type="checkbox"/>
Psychiatrist	<input type="checkbox"/>	Nurse	<input type="checkbox"/>
Dentist	<input type="checkbox"/>	Social Worker	<input type="checkbox"/>
Nurse Practitioner	<input type="checkbox"/>	pharmacist	<input type="checkbox"/>
Mental Health Counselor	<input type="checkbox"/>	Psychologist	<input type="checkbox"/>
Lab Technician/Phlebotomist	<input type="checkbox"/>	Medical Assistant	<input type="checkbox"/>
pharmacy Technician	<input type="checkbox"/>	Other (_____)	<input type="checkbox"/>

ADDITIONAL INFORMATION

- Please include a copy of your current medical license/certification, if applicable, as well as a copy of your identification (Driver’s License/Government ID). These are kept on file for insurance/auditing purposes.
- Physicians must send a copy of the cover sheet with the amount of coverage and policy number of their current medical malpractice insurance. This is required by our medical malpractice insurance policy.

VOLUNTEER AGREEMENT CONTRACT (PLEASE CHECK ALL)

- As a condition of volunteering, I give permission to the C-ASIST Free Family Health Clinic to conduct a background check
- I hereby release and agree to hold harmless from liability the C-ASIST Free Family Health Clinic, the employees and volunteers hereof; or any other person at the clinic for any circumstances that may arise as a consequence of my volunteering on any particular day or time
- I understand that the C-ASIST Free Family Health Clinic is not obligated to appoint me to a volunteer position
- I understand that the C-ASIST Free Family Health Clinic may request a face-to-face or phone interview prior to appointing me to a volunteer position
- I understand that this is a one-year commitment. Minimum of 1 (4hr-shift) every 3 months.
- If appointed, I understand that I am subject to suspension and removal for violation of C-ASIST Free Family Health Clinic policies and procedures.

Full Legal Signature

Date

Please scan and e-mail completed application and all supporting documents to:

Zberry@c-asist.org

Or mail application to:

C-ASIST

24513 Ford Rd

Dearborn, Mi 48128

For any questions please call C-ASIST Free Family Health Clinic at **313-670-9943**

Disclaimer: C-ASIST Free Family Health Clinic will not discriminate against any person on the basis of race, creed, color, national origin, marital status, gender, sexual orientation or disability.