



**FAITH FAMILY**  
MEDICAL CENTER

## Volunteer/Student Application

326 21<sup>st</sup> Ave North  
Nashville, TN 37203  
(615) 341-0808

Today's Date: \_\_\_\_\_

Full Name: \_\_\_\_\_  
(Last) (First) (Middle Initial)

Date Of Birth: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

Current Address: \_\_\_\_\_

Education (Circle Highest Completed) High School: 1 2 3 4 College 1 2 3 4 Graduate 1 2 3 4

If you are currently a student, where are you enrolled?: \_\_\_\_\_

Name of Employer and Job Title (if currently employed): \_\_\_\_\_

What church/house of worship to you attend?: \_\_\_\_\_

Why do you want to become a volunteer at Faith Family?: \_\_\_\_\_

How did you hear about us? : \_\_\_\_\_

Please list any previous volunteer experience including the dates:

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List any special skills/talents that you have to offer: (Computer skills, interpersonal skills)

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Please check if you are certified in any of the following:

CPR                       Emergency First Responder (License number \_\_\_\_\_)

Medical Assistant                       RN or LNP (License number \_\_\_\_\_)

Do you speak Spanish?     Yes             No

Are you fluent in any other languages? (Please list) \_\_\_\_\_

Can you commit to volunteering for at least 3 months?                       Yes     No

**Which clinic shift(s) best fits your schedule? Please circle all of your available times:**

Monday	8:00am-12:00	1:30-4:00 pm
Tuesday	8:00am-12:00	1:30-4:00 pm
Wednesday	8:00am-12:00	1:30-4:00 pm
Thursday	8:00am-12:00	1:30-4:00 pm
Friday	8:00am-12:00	1:30-4:00 pm

Have you ever been convicted of a Felony?     Yes     No  
(If yes, please explain on back)

In case of emergency contact:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Relationship to you: \_\_\_\_\_

List two references- one personal and one professional:

1. \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

2. \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**Applicant Statement:**

By submitting this application, I authorize Faith Family Medical Clinic or 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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**Confidentiality and Non-Disclosure Agreement:**

I, \_\_\_\_\_, do affirm that I will not divulge FAITH FAMILY MEDICAL CENTER DATA TO ANY UNAUTHORIZED PERSON FOR ANY REASON. Neither will I directly nor indirectly use, or allow the use of, FAITH FAMILY MEDICAL CENTER data for any purpose other than that directly associated with my official assigned duties. I understand that ALL PATIENT INFORMATION, including financial data, is strictly confidential.

Futhermore, I will not, either by direct action or by counsel, discuss, recommend, or suggest to any unauthorized person the nature or content of any FAITH FAMILY MEDICAL CENTER information.

Violation of confidentiality is cause for disciplinary action, including immediate dismissal.

I understand that signing this document does not preclude me from reporting instances of breach of confidentiality.

Signed \_\_\_\_\_ Date \_\_\_\_\_

**Media Release Form:**

Date \_\_\_\_\_

I authorize Faith Family Medical Center (and any persons acting on its behalf) to make, maintain, and use photographs of myself and/or my children and to allow both my name and/or the names of my children to be used by Faith Family. I also authorize Faith Family to print a story or information about me. I understand these may be used or published for any purpose, including but not limited to; TV, print, publications, advertisements, displays or on the website. I further understand that all photographs shall be the sole property of Faith Family Medical Center.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

Please list names of all children in photo who are under 18:

\_\_\_\_\_  
Child

\_\_\_\_\_  
Child