

Licensed Volunteer Application

Helping Hands Health and Wellness Center

The mission of Helping Hands Health and Wellness Center is to be the caring hands of Jesus to provide medical care, health education, counseling and social services to those with needs.

Name: _____ Preferred Name: _____ Birthday: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone #: _____ OK to call OK to text

Email: _____ Preferred Contact Method: _____

Reference (please list 1 reference we can contact):

Name: _____ Email: _____ Relationship: _____

A simple background check may be done; do we have your approval? YES NO

Helping Hands Health and Wellness Center welcomes volunteers on Tuesday mornings & Thursday afternoons/evenings. Other times may vary throughout the week!

What medical license/certifications do you have? _____

License No.: _____

DEA No.: _____

NPI No.: _____

Please attach a copy of your license to this application!

*I understand that submitting this application form does not automatically register me as a volunteer at Helping Hands Health & Wellness Center. I understand and agree with the mission statement above. I attest that the information provided on this form is true and accurate.

Applicants Signature

Today's Date

Please email this completed application with your resume to asmith@helpinghandsfreeclinic.org