



4748 E. Harrisburg Pike
 Elizabethtown, PA 17022
 717-367-9797
www.hopewithin.org

HEALTH CARE PROVIDER VOLUNTEER APPLICATION

Personal Information			
Last Name	First	Middle	
Date of Birth	SS #	Degree/Title	
Primary Office: Name of Practice			Phone
Street			Fax
City	County	State	Zip
Email			
Home Address: Street			Phone
City	County	State	Zip

Employment Information

Are you currently in practice or have you retired? _____
 If retired, what was the date of your retirement? _____

Are you a US Citizen? Yes No

Can you communicate via sign/foreign language? (Please list all) _____

What is your specialty? _____

Non-physician, please list degree _____

Have you ever volunteered at a Free Health Center before? Yes No

How often would you like to volunteer?

___ One time/specific project ___ 1-2 times per month ___ 1 day/week
 ___ 2 days/week ___ as often as needed ___ occasionally

Please list days and times you are available to volunteer

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Hours							

Professional Licenses/Certificates: (Please provide copies)

Medical License Number _____ Issue Date _____ Expiration Date _____
 Federal DEA Registration # _____ Issue Date _____ Expiration Date _____
 Board Certification? Yes No Certifying Board _____
 Issue Date _____ Expiration Date _____ Recertification Date _____
 Additional Board Certification? Yes No Certifying Board _____
 Issue Date _____ Expiration Date _____ Recertification Date _____

Education/Training/Hospital Privileges/References

Please complete this section or attach current copy of C.V. or resume.

	School/City and State	Major	Degree	Mo./Yr. Attendance	Mo./Yr. Dates
Undergraduate/					
Graduate/					
Medical School					

	Institution/City & State	Program/Specialty	Program Director	Attendance Dates
Internship				
Residency				
Fellowship				
Other: _____				

	Institution/City & State	Specialty	Type of Training	Attendance Dates
Other Residency				
Experience or				
Training				
(Allied health, public service, or military)				

	Employer/Practice	Street Address	City/State	Dates
Work History				
Starting with current practice, list all employment since completion of post-graduate training. Explain gaps in the chronology on a separate sheet				

Hospital Affiliations

Hospital _____ Department _____
Street Address _____ City/State _____ Zip _____
Staff Category _____ Phone/Fax No: _____ From _____ To _____

Hospital _____ Department _____
Street Address _____ City/State _____ Zip _____
Staff Category _____ Phone/Fax No: _____ From _____ To _____

Peer References

List three physicians or peers who have personal knowledge of your current clinical abilities, ethical character, health status, and ability to work cooperatively with others and who will provide specific written comments on these matters upon request. The named individuals must have acquired knowledge of your professional practice, preferably in a supervisory or referral capacity. Do not list individuals related to you by family, professional partnership or financial institution. At least one of the three individuals must be the same specialty as the applicant.

Name/Title _____ Institution/Practice _____ Position _____
Street Address _____ City/State/Zip _____ Phone _____

Name/Title _____ Institution/Practice _____ Position _____
Street Address _____ City/State/Zip _____ Phone _____

Name/Title _____ Institution/Practice _____ Position _____
Street Address _____ City/State/Zip _____ Phone _____

Professional Liability Carrier Information

Do you have current malpractice insurance? Yes No

- If yes, please provide copy of current malpractice insurance face sheet and/or Dept. Chair letter confirming your malpractice insurance coverage while volunteering your services at Hope Within community Health Center.
- If no, do you have a current volunteer license? Yes No
 - Would you like to apply for one? Yes No
 - Would you like to be considered for protection under FTCA (Federal Tort Claims Act) malpractice coverage? Yes No

Confidential Information

Please answer the following questions:

1. Have your privileges at any hospital been denied, suspended, revoked or not renewed, or is there any action pending against you? Yes No
2. Have you been involved in any liability action, or is there action pending against you?
 Yes No
3. Have you been charged or convicted of a drug related misdemeanor or felony, or is there action pending against you? Yes No
4. Have you been asked to make any reform or compromise in connection with the Drug Enforcement Administration, or is there action pending against you? Yes No
5. Have you been censored by any hospital, county/state, medical societies, or is there action pending against you? Yes No
6. Has there been any restriction in your state licensure, or is there action pending against your license? Yes No
7. Do you have a physical or emotional condition, including alcohol or drug dependence, which may affect or is likely to affect your ability to perform your professional duties?
 Yes No

** If any of the above questions was answered Yes, please provide additional information in a separate letter.

Applicant's Consent and Release

I hereby warrant & represent that I:

- Authorize HWCHC to investigate all statements contained in this application and in support of this application; and
- Authorize HWCHC to obtain information and review documents from other hospitals and third parties and further authorize such third parties to provide information and documents to HWCHC, to assist HWCHC in evaluating my professional competence and qualifications, including my character and ethical standards, my ability to work cooperatively with others, and my physical and mental health and emotional stability; and
- Understand that I have the burden of producing adequate information for proper evaluation of my application and further understand that failure to produce this information and any additional information as may be requested to consider my application may result in denial of the entire application; and
- Agree to uphold the professional ethics of my profession, provide for continuous care of my patients and refrain from delegating the responsibility of my patients' care to any practitioner not qualified or competent to provide such care.

APPLICANT'S SIGNATURE: _____ DATE: _____



STATEMENT OF FAITH

Preamble:

The intention of Hope Within's Statement of Faith is to describe core elements of faith that our organization believes, upholds, and lovingly shares with others. It is intended to help ensure that the people who serve at Hope Within are unified on the underlying reasons our organization exists and on the Gospel message we proclaim. This Statement of Faith is not intended to be a complete, personal Statement of Faith for anyone who serves at Hope Within nor does Hope Within claim to be a spiritual authority in anyone's life.

The Bible: We believe the Bible is the complete, inspired, infallible, inerrant, and authoritative written Word of God. It is God's revelation of Himself to us and is the ultimate source of truth to guide our lives.

- Matthew 5:18; 2 Timothy 3:16; 2 Peter 1:20-21

God: We believe there is one living and true God. He is infinite, perfect, all-knowing, and He eternally exists in three Persons—Father, Son, and Holy Spirit. God the Father is the sovereign Creator of the universe. He saves from sin all who come to Him through Jesus Christ, thereby becoming the spiritual Father of His adopted children. God the Son (Jesus Christ) became a man when He was born of a virgin on Earth. He lived a sinless life, died on a cross as the perfect sacrifice for our sin, rose from the dead and ascended into heaven. He sits at the right hand of God the Father interceding for all people who believe. God the Holy Spirit possesses all the attributes of personality and deity. His broad scope of work in this age is to convict the world of sin, of righteousness, and of judgment; to glorify the Lord Jesus Christ; to seal, indwell, instruct and comfort believers; and to transform believers into the image of Christ.

- Gen 1:1-31; Is 45:5-6; Matt 16:15-17; John 10:30; John 16:7-14; Rom 5:8

Man & Sin: We believe mankind was directly created by God in His image and likeness. Mankind was created free of sin, but was created with a free will. Because the first man, Adam, disobeyed the Word of God, sin entered the world, and all people since have inherited a sinful nature. We are not sinners because we sin; we sin because we are sinners. We believe the penalty of sin is spiritual death, which is eternal separation from God in hell.

- Gen 1:26-27; Rom 1:18-32; 3:10-12; 3:23; 5:12; 6:23

Salvation: We believe that Jesus Christ voluntarily became a Man and became the sinless sacrifice needed to reconcile mankind and God. Jesus' death imparted His righteousness to mankind. Our belief in Him as Savior and Lord is alone our salvation. Salvation is by God's grace through faith; it is a gift from God that cannot be earned by a person's works. After salvation, a believer's good works and fruit are the manifestation and evidence that genuine salvation has occurred. We believe God saves believers from the penalty, power, and, in the future, the presence of sin. This redemption permits all believers to spend eternity in the presence of God in heaven.

- John 1:12; 3:16; 5:24; Rom 5:8; 6:23; 8:1; 1 Cor 6:19-20; Eph 2:8-10

The Church: We believe that all who place their faith in Jesus Christ are immediately placed by the Holy Spirit into one united spiritual body, the church, and that believers are directed by God to associate together in local assemblies. We believe that the primary purpose of the church is to glorify God and that the primary mission of the church is to be God's witness and to make disciples (learning believers) throughout the whole world. Unity, love, worship, prayer, fellowship, teaching, spiritual growth, and service to others are important for all believers.

- Matt 5:13-16; 28:19-20; Mark 16:15; Acts 1:8; 1 Cor 12:12-13; Eph 1:22; 4:15; Heb 10:23-25



I affirm the Statement of Faith of Hope Within Ministries above. If my affirmation changes in the future for any reason, I will notify the management of Hope Within accordingly.

Name: _____

Signed: _____ Date: _____

Church Affiliation: _____

Please describe your previous/current ministry experience in your local church and/or other areas:

Please describe why you wish to volunteer at Hope Within:

Please describe your spiritual journey as a follower of Jesus Christ:

(if needed, please continue on reverse side)