



700 Oglethorpe Avenue, Suite C7
 Athens, GA 30606
 706-425-9445
www.mercyhealthcenter.net

Clinical Volunteer Application

Office Use

- GVHCP Packet Received _____
 GVHCP Approved _____
 Confidentiality Agreement _____

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 Website
 Medical/Dental Practice 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).

MEDICAL CLINICS

| | | | |
|-----------|--------------------|-------------------|-------------------|
| Monday | 9:00 am – 12:00 pm | 1:00 pm – 4:30 pm | |
| Tuesday | 9:00 am - 12:00 pm | 1:00 pm - 4:30 pm | 5:30 pm - 8:30 pm |
| Wednesday | 9:00 am – 12:00 pm | 1:00 pm – 4:30 pm | |
| Thursday | 9:00 am - 12:00 pm | 1:00 pm - 4:30 pm | 5:30 pm - 8:30 pm |
| Friday | 9:00 am – 12:00 pm | 1:00 pm – 4:30 pm | |

**DENTAL CLINICS are available Monday, Wednesday, Thursday, Friday. 8 am – 4 pm.
Please write in your preference(s) below.**

Monday
Wednesday
Thursday
Friday

Ideally, how often would you like to volunteer?

- Weekly
- Every other week
- Monthly
- Every other month
- Other: _____