

# Jackson County Free Health Clinic Volunteer Application

Date: \_\_\_\_\_

NAME: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Fax: \_\_\_\_\_

Occupation: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

\_\_\_\_\_

For Medical Personnel (Please provide dates)

Tetanus: \_\_\_\_\_ Hepatitis B Series \_\_\_\_\_

History of Chicken Pox: \_\_\_\_\_ PPD \_\_\_\_\_

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PLEASE PROVIDE **COPY** OF LICENSE

License State \_\_\_\_\_ Number \_\_\_\_\_ Expiration date \_\_\_\_\_

Current employer \_\_\_\_\_

Hospitals where you currently work \_\_\_\_\_

Health Care Education \_\_\_\_\_

Area of Specialty \_\_\_\_\_ Degree \_\_\_\_\_ Year \_\_\_\_\_

\_\_\_\_\_

Name, address, phone number for 3 medical references currently in practice in the KC metro area

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Please answer the following questions.

Have your privileges at any hospital been denied, suspended, revoked or not renewed, or is there any action pending in that case. Yes No

Have you been involved in any liability action, or is there action pending in such a case? Yes No

Have you been charged or convicted of a drug related misdemeanor or felony, or is there action pending in such a case? Yes No

Have you been asked to make any reform or compromise in connection with the Drug Enforcement Administration., or is there action pending in such a case? Yes No

Have you been censored by any hospital, County/state, medical society or is there action pending in such a case? Yes No

Has there been any restriction in your state licensure, or is there action pending in such a case? Yes No

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

#### ACDEPTANCE OF APPOINTMENT

I hereby accept appointment to the volunteer medical staff of Jackson County Free Health Clinic. I agree to abide by the rules and regulations of the clinic. All information submitted by me in this application is true to the best of my knowledge and beliefs.

I agree to maintain the utmost professional behavior and to abide by the laws and duties regarding patient privacy.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date