



U.S.A Non-Profit 501(c)3  
Medical Organization

**VietMD.net Clinic**  
Phone: 1 855 584 3863 Fax: 855 584 3863  
26256 Ryan Road  
Warren, Michigan 48091  
clinic@vietmd.net

## VOLUNTEER APPLICATION

Name: \_\_\_\_\_  
*Last First MI*

Address: \_\_\_\_\_  
*Street City State Zip*

Phone: \_\_\_\_\_ (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_ (Other)

Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Driver's License # \_\_\_\_\_

Occupation: \_\_\_\_\_ Currently Employed? \_\_\_\_\_

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

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Community Affiliations (clubs, service organizations, etc.) \_\_\_\_\_

\_\_\_\_\_

Previous Volunteer Experience: \_\_\_\_\_

\_\_\_\_\_

Special Certifications (CPR, Medical, etc.): \_\_\_\_\_

Languages Spoken: \_\_\_\_\_

Please list a reference not related to you: \_\_\_\_\_ # Years Known: \_\_\_\_

Have you ever been convicted of or plead guilty to any crime(s) other than minor traffic violations?

Yes  No  If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

How did you hear about this clinic? \_\_\_\_\_

Days/Times you are available to volunteer? \_\_\_\_\_

Which of the following areas would you be willing to volunteer in? *(Please check all that apply)*

**MEDICAL STAFF**

**SUPPORT STAFF**

Physicians   
Database/Computers

Receptionist

Nurse Practitioners

Social Worker

Physicians Assistants

Community Resources

Nurses

Receptionist

Medical Assistants

Spiritual Counseling

Pharmacist

Security

Pharmacy Technicians

Other \_\_\_\_\_  
*Please specify what area*

Lab Technicians

Student/Interns

Physicians must send a copy of their CV and medical licenses.

As a condition of volunteering, I give permission to the VietMD.net Clinic to conduct a background check on me.

I hereby release, waive, discharge, and covenant not to sue, and agree to hold VietMD Clinic, its staffs, volunteers and employees (hereafter referred to as the "Releasees") and the Archdiocese of Detroit, Our Lady of Grace Parish, and the Pastor from and against any and all liabilities, demands, claims, loss to person or property, or injuries, including death, that signer may sustain during or in conjunction with VietMD Clinic Activity.

I also understand that the VietMD.net Free Clinic is not obligated to appoint me to a volunteer position.

If appointed, I understand that I am subject to suspension and removal for violation of VietMD.net Clinic policies and procedures.

\_\_\_\_\_  
*Full Legal Signature*

\_\_\_\_\_  
*Date*

Please mail completed application and all supporting documents to above address.

*VietMD.net Free Clinic will not discriminate against any person on the basis of race, creed, color, national origin, marital status, gender, sexual orientation or disability*