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| Healthcare Ministry Membership Application |

## Contact Information

|  |  |
| --- | --- |
| Name |  |
| Street Address |  |
| City, State, Zip |  |
| Home Phone |  |
| Work Phone |  |
| E-Mail Address |  |

## Central CDC Church Contact Information and Pastor

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| --- | --- |
| Pastor’s Name and Title |  |
| Church Name |  |
| Street Address |  |
| City, State, Zip |  |
| Office Phone |  |
| E-Mail Address (Church) |  |
| Church Website (if available) |  |

## Availability “Hours”

### During which hours are you available for volunteer assignments?

|  |  |
| --- | --- |
| Weekday mornings | Weekend mornings |
| Weekday afternoons | Weekend afternoons |
| Weekday evenings | Weekend evenings |

## Availability “Conference Months”

### Which conferences can you support with your attendance and volunteer assignments?

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| --- | --- |
| Spring Conference  | Thurs – Sat; every 2nd week of March (Any change to be announced) |
| Summer Conference |  Wed – Sat; every 2nd week of July (Any change to be announced) |
| Fall Conference | Thurs – Sat; every 2nd week of November (Any change to be announced) |

## Interests

### Tell us in which areas you are interested in volunteering

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| --- |
| Administration |
| Events |
| Outreach field work (Training and mentoring local church ministries) |
| Fundraising- Auxiliary Ways & Means (State & International) |
| \_\_\_ Scholarship Advertisement/ Promotion/ Fundraising |
| Pick up & Deliveries |
| Phone bank |
| Newsletter production |
| Volunteer coordination |
| \_\_\_ Blood pressure screening booth (onsite conferences and health fair events) |
| ­­\_\_\_ Nurse Duty (conferences) |
| \_\_\_ Teaching/ Seminar Instructor (conferences and request for ministry support) |

## Special Skills or Qualifications/ Credentials/ Certifications

### Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

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| **Credentials:** MD\_\_, RN\_\_, LVN\_\_, MA\_\_, CNA\_\_, RT\_\_, PT\_\_, MSW\_\_, Health Educator \_\_\_, or Other\_\_\_\_ None: Non-medical or Layperson\_\_\_\_\_ (Interest in health & wellness ministry and active in home church ministry)**CPR:** \_\_Y or N \_\_; **First Aid** \_\_Y or N\_\_ [If no, are you willing to become certified to serve this team?] \_Y or \_N**Other Certifications? :** |

## Previous Volunteer Experience

### Summarize your previous volunteer experience.

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## Person to Notify in Case of Emergency

|  |  |
| --- | --- |
| Name |  |
| Street Address |  |
| City ST ZIP Code |  |
| Home Phone |  |
| Work Phone |  |
| E-Mail Address |  |

## Agreement and Signature

### By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer member, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal from service.

|  |  |
| --- | --- |
| Name (printed) |  |
| Signature |  |
| Date |  |

## Our Policy

### It is the policy of this organization to provide equal opportunities without regard to race, color, national origin, gender, age, or disability. It is required that you are active and in good standing, serving in your affiliated local church ministry as a criteria to join and become active in your state auxiliary teams. This ministry requires current CPR and First Aid certification to be documented for those active and serving in the capacity of a healthcare professional in uniform and on duty at council services. Others can volunteer work in an administrative support role or other if desired, that is non-nursing related.

### Thank you for completing this application form and for your interest in volunteering with the Central California District Council Health Professionals Auxiliary of the PAW, Inc. You will hear back from us about the status of your application.