



RAPHA

ministries, inc

137 N. Main Street
PO Box 969
Winchester, KY 40392-0969

VOLUNTEER APPLICATION

The mission of RAPHA Ministries, Inc. is to honor and glorify God by providing quality medical care to uninsured individuals while ministering to their physical, emotional and spiritual needs.

DATE

LAST NAME FIRST NAME MI TITLE

ADDRESS PHONE

CITY STATE ZIP CELL/PAGER

EMAIL ADDRESS

EMPLOYER

May we contact your employer for the purpose of verifying your professional license and credentials? Yes No N/A

EMPLOYER ADDRESS WORK PHONE

CITY STATE ZIP FAX

DATE OF BIRTH GENDER M F STUDENT Y N

INTERESTS/ACTIVITIES/HOBBIES

CHURCH AFFILIATION PASTOR PHONE

VOLUNTEER POSITIONS

- Administrative/Office Recovery Support Spiritual Care Clinical
- Pharmaceutical Custodial Fundraising Hospitality
- Special Events Community Relations Other

Professional Internship Indicate professional field and provide academic and contact information

What attracted you to Rapha Ministries, Inc? _____



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VOLUNTEER APPLICATION CONT.

Have you been convicted of a felony in the past five years? Yes No
If yes, please explain.

ALL VOLUNTEERS Have you had a PPD (TB) test in the past year? Yes, Date _____ No

CLINICAL VOLUNTEERS Have you been vaccinated against Hepatitis B? Yes, Date _____ No

CLINICAL VOLUNTEERS Have you ever been required by any licensing board or professional ethics body to surrender your license, or have you ever been found guilty of professional ethics codes, professional misconduct, unprofessional conduct, incompetence or negligence, in any state or country? Yes No
If yes, please explain.

Are there any special circumstances we should be aware of? Explain.

CLINICAL VOLUNTEER APPLICANTS Please include a copy of your KY clinical license or certification. By signing above and checking yes to authorize contact, you authorize Rapha Ministries to contact the employer, hospital or health care facility listed on the first page of this application for the purpose of verifying your professional license and credentials.

To enable Rapha Ministries, Inc. to secure professional liability insurance for the ministry and its volunteers, we must obtain the answers to the following questions from each volunteer.

1. Have you ever:

a) Been the subject of disciplinary or investigatory proceedings or reprimand by a licensing, administrative or governmental agency? Yes No

b) Been convicted for an act committed in violation of any law or ordinance including traffic offenses? Yes No
Explain.

c) Been evaluated or treated for alcoholism or drug addiction or mental or emotional disorders? Yes No
Explain.

d) Had any professional license or license to prescribe or dispense narcotics been denied, limited, refused, suspended, revoked, renewal refused or accepted only on special terms or have you voluntarily surrendered any professional license? Yes No
Explain.

2. Has any claim or suit for malpractice ever been made against you? Yes No How many?

3. Has any claim or suit for malpractice ever been made against you that has not been reported to your prior insurer? Yes No
Explain.

4. Are you aware of any act, error, omission, fact, circumstance, or record request from any attorney which may result in a malpractice claim or suit? Yes No How many? _____

5. Has any insurer cancelled, rescinded, non renewed or declined any similar liability insurance for you the last five years? Yes No *If yes, send us a copy of such insurer's notice.*



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VOLUNTEER APPLICATION CONT.

VOLUNTEER AGREEMENT

- 1. I shall keep confidential all information that I obtain regarding patients, staff, and volunteers.
- 2. I shall submit to any immunizations that may be necessary part of my volunteer service.
- 3. I shall be punctual and conscientious, conduct myself with dignity, courtesy and consideration of others, and endeavor to make my work professional in quality.
- 4. I agree to resolve any problems that may exist with my volunteer director.
- 5. I shall make my best effort to fulfill my commitment to the ministry by completing all assignments that I accept.
- 6. I shall at all times uphold the standards and mission of the ministry.
- 7. I understand that my volunteer director reserves the right to terminate my volunteer status as a result of:
 - a) Failure to comply with policies, rules and regulations
 - b) Absences without prior notification
 - c) Unsatisfactory attitude, work or appearance
 - d) Any other circumstances, which in the judgement of the staff would make my continued service as a volunteer contrary to the best interest of Rapha Ministries, Inc.
- 8. I shall provide proof of and maintain my own malpractice liability coverage. (Physicians ONLY)
- 9. I agree that I have not been convicted of any sexual offense.
- 10. I agree, at any time, while being a volunteer, that if I am convicted of a felony crime or sexual offense, that I will immediately inform RAPHA. Any conviction may be grounds for termination of my volunteer status.

Please initial each of the following statements (type your initials):

____ I have read each of the above conditions and agree to be bound by them.

____ I certify that the information I have given is complete, true and correct to the best of my knowledge and belief.

____ I further affirm that I have not knowingly withheld any facts or circumstances in completing this application.

____ I hereby consent to Rapha conducting a criminal background check or investigation of me.

Signature (type name) _____ **Date** _____

Rapha Ministries is committed to the policy that all persons shall have equal access to programs, facilities, and employment without regard to personal characteristics not related to ability, performance or qualifications as determined by policy or by state or federal authorities. Rapha Ministries does not discriminate against any person because of age, ancestry, color, disability or handicap, national origin, race, sex or veteran status.