



8515 Greenville Avenue, Suite N-108
Dallas, Texas 75243
Phone: 214.221.0855, Ext. 148
Fax: 214-221-1437

CONTACT INFORMATION

Name: _____
Home Phone: _____
Social Security #: _____ Date of Birth: _____
Home Address: _____

Employer: _____
Work Phone: _____ Work Address: _____
Cell: _____ Msg. Phone: _____
E-mail address: _____
How would you prefer to be contacted? _____

EDUCATION AND EXPERIENCE

Administrative Experience: _____
Degree/Training: _____
Nursing/Tech/Hygiene School: _____
Degree: _____
Medical School: _____
Dental School: _____
Degree: _____

LICENSURE, CERTIFICATION, AND PRIVILEGES

Texas Medical License #: _____
Texas Dental License #: _____
UPIN # (if applicable): _____
DEA # (if applicable): _____
NPI #: (if applicable): _____
DPS#: (if applicable): _____

Have you ever been convicted of a felony? Yes No
If yes, please explain: _____



CIRCLE ONE:

What days of the week can you volunteer?

Monday Tuesday Wednesday Thursday Friday Saturday

How many days a month can you volunteer?

Daytime or evening?

1 2 3 4 5

How did you hear about Healing Hands Ministries? _____

Do you speak Spanish or another language? _____

Any special skills? _____

Church affiliation _____

APPLICANT'S STATEMENT

Read the following carefully, then sign and date the application.

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for volunteer service as may be necessary in arriving at a decision. In the event of acceptance as a volunteer at Healing Hands Ministries Inc., I understand that false or misleading information given in my application or interview may result in discharge. I understand, also, that I am required to abide by all policies and procedures of Healing Hands Ministries Inc.

I read and I understand the Confidentiality Policy of Healing Hands Ministries Inc. I agree to comply with the policy and procedures set forth protecting the confidentiality of clients, staff, students, and volunteers. I understand that deliberate violation of this acknowledgement will result in immediate dismissal.

Signed: _____

Date: _____

*Licensed medical and dental volunteers, please include a photocopy of your current license with application.