



Destiny Family Medical Clinic  
 1417 S Minnesota Ave  
 Sioux Falls, SD 57105  
 Phone: (605) 339-3378  
 Fax: (605) 339-0710

Family Medical Clinic

## Volunteer Application

Name (Last, First, MI)		Date of Application
Nickname	Email Address	
Home Address		City, State, Zip Code
Day Phone	Evening Phone	
Date of Birth (mm/dd/yyyy) - Optional	Gender <input type="checkbox"/> Female <input type="checkbox"/> Male	

### Availability

<b>Days Available:</b> (check all that apply)  <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday	<b>Hours Available:</b>  <b>**Please specify exact hours you will be available:</b> _____ _____ _____ _____ _____ We do need volunteers for special projects, medical outreaches, health fairs and occasional cleaning crews. These would sometimes occur during evenings or weekends (including Sundays).	<b>Preference(s) for Service:</b> (check all that apply)  <input type="checkbox"/> Intercession and Prayer Ministry <input type="checkbox"/> Prayer Partners <input type="checkbox"/> Administrative (filing, copying, etc.) <input type="checkbox"/> Cleaning (evenings only) <input type="checkbox"/> Patient Pharmaceutical Assistance <input type="checkbox"/> Professional <ul style="list-style-type: none"> <li>• X-ray or Lab Technician</li> <li>• Physical/Occupational Therapy</li> <li>• Nursing – LPN or RN</li> </ul> Other (specify) _____
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### Background

**Special Training, Skills or Experience:**

\_\_\_\_\_

\_\_\_\_\_

**Previous Volunteer Experience:**

\_\_\_\_\_

\_\_\_\_\_

**Church Name and Involvement:**

\_\_\_\_\_

\_\_\_\_\_

**Education**

School	Degree
School	Degree

**Current or Previous Employer**

Employer	Dates of Employment
Supervisor's Name and Phone Number	
Employer	Dates of Employment
Supervisor's Name and Phone Number	

**References**

Name	Phone
Name	Phone
Name	Phone
Name (Pastoral Reference)	Phone

**Please share a little about your personal relationship with Christ.**

Do you have an interest in participating in foreign missions with Destiny Healthcare International?  Yes  No

**In case of Emergency**

Name (Last, First, MI)	Relationship
Day Phone	Evening Phone

I hereby certify that all of the information provided by me in this application is correct, accurate and complete to the best of my knowledge.

In consideration for volunteering, I agree to conform to the rules, regulations, policies and procedures of Destiny Family Medical Clinic at all times and understand that such obedience is a condition of volunteering. I understand that Destiny Family Medical Clinic is a Christian organization and I will adhere to such standards as written in the Code of Conduct.

If you have any questions or need further assistance, please contact Destiny Family Medical Clinic's Volunteer Coordinator at (605) 339-3378.

Volunteer Signature \_\_\_\_\_ Date \_\_\_\_\_