



85 HOPE Medical Clinic Volunteer Application

Name: _____ Date: _____

Address: _____ Date of Birth: _____

Cell phone #: _____ Landline phone #: _____

Email address: _____

Preferred way(s) to be contacted: Call Email Text

Our Mission: 85 HOPE is a free medical clinic inspired by the Gospel of Jesus Christ to provide primary healthcare to uninsured and under-insured, low-income adult residents of Wabash County.

- I have read and understand 85 HOPE’s Mission Statement.
- I affirm that I am 18 years of age or older.

Professional Licensing/Work Experience/Education:

What education, degrees, certifications, or licensures do you have that may be useful at the clinic?

If professionally licensed, is your license current? Yes No **(Please provide a copy.)**

Has your professional license ever been suspended or sanctioned? Yes No

If yes, please explain: _____

Current employer (if applicable): _____

Current/former work experience: _____

Any other special abilities or experiences you would think would be helpful at 85 HOPE?

Work Preferences:

Role preferences (please mark all that apply):

___ Clerical/Office ___ Medical/Nursing/Pharmacy ___ Intakes ___ Cleaning

___ Waiting Room Reception ___ Other: _____

Preferred clinic site: ___ Wabash ___ Manchester ___ Either

Preferred time(s)/location(s) to work (please mark all that apply):

Wabash site:

- Office days (prep for clinic, intakes, office work, cleaning, etc.):
 - ___ Tuesdays 1-5pm ___ Thursdays 1-4:30pm
- Clinic evenings:
 - ___ Thursdays: 4:30-8pm

Manchester site:

- Office days: (prep for clinic, intakes, office work, cleaning, etc.)
 - ___ Tuesdays 3-5 pm
- Clinic evenings:
 - ___ 1st Tuesday 4:30-8 pm ___ 3rd Tuesday 4:30-8 pm

References: Please provide two character or work-related references.

1. Name _____

Cell phone or Email address _____

Title/Relationship _____

2. Name _____

Cell phone or Email address _____

Title/Relationship _____

**Please mail completed application to
85 HOPE Medical Clinic, PO Box 27, Wabash, IN 46992
or scan/email to director@85hope.org or fax to 260-274-0033. Thank you.**

Criminal History Release Form

I, _____, _____, _____,
(print first name) (print middle name) (print last name),

hereby request the Wabash County Sheriff's Department to release any criminal/traffic information on file to 85 HOPE, PO Box 27, Wabash, IN 46992. I hereby release the Wabash, County Sheriff's Department from all liability for damages whatsoever upon the release of this information.

Signed: _____

Today's Date: _____

Cell phone: _____

Date of Birth: _____

Please include a copy of your current Driver's License
for the Criminal History Report.

