



**COMPASSION COMMUNITY CLINIC
EMPLOYEE / VOLUNTEER APPLICATION**

Mission Statement: *Compassion Community Clinic (CC Clinic) is a faith-based clinic providing free dental care to underserved adults in Northern Nevada through Jesus Christ, the Great Healer.*

THERE ARE MANY WAYS TO HELP CC CLINIC ACCOMPLISH ITS MISSION. PLEASE CHECK YOUR AREAS OF INTEREST:

PAID POSITIONS

EXECUTIVE DIRECTOR, FT _____
CLINIC ADMINISTRATOR, PT _____
VOLUNTEER COORDINATOR, PT _____
PATIENT COORDINATOR, PT _____
DENTAL ASSISTANT, PT _____

DENTAL ASSISTANT (VOLUNTEER) _____
FUND RAISING COMMITTEE _____
SOCIAL MEDIA _____
GRANT WRITER/MANAGER _____
NEWSLETTER EDITOR _____
WEBMASTER _____
IT TECHNICIAN _____
MARKETING/COMMUNITY RELATIONS _____

VOLUNTEER POSITIONS

PRAYER PARTNER _____

OTHER _____

Dentists & Registered Dental Hygienists: please complete the Dental Professional Volunteer App. instead

PERSONAL HISTORY:

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____ CELL _____

E-MAIL _____

EMERGENCY CONTACT NAME/RELATIONSHIP _____

EMERGENCY CONTACT NUMBER _____

DO YOU HAVE A CHURCH HOME? NO ___ YES ___ NAME _____

EDUCATION: Highest degree or diploma gained _____ Year _____

EMPLOYMENT: May we contact your employer? NO ___ YES ___ EMPLOYER _____

CURRENT JOB TITLE _____ PHONE _____

PHYSICAL LIMITATIONS: NO ___ YES ___ PLEASE EXPLAIN _____

PREVIOUS OR CURRENT VOLUNTEER EXPERIENCE: _____

TALENTS AND SKILLS YOU WOULD LIKE TO SHARE: Special skills, training or hobbies _____

LANGUAGES: Other than English, please list others in which you speak or write well _____

PLEASE WRITE A BRIEF STATEMENT ABOUT WHY YOU WANT TO WORK OR VOLUNTEER FOR CC CLINIC:

REFERENCES: (Please do not use relatives.) (Dental Assistant Applicants-include one dental professional reference.)

Reference #1:
Name/relationship _____

Reference #2:
Name/relationship _____

Address _____

Address _____

City/Zip _____

City/Zip _____

Phone _____

Phone _____

HAVE YOU EVER BEEN CONVICTED OF A CRIME OTHER THAN A TRAFFIC VIOLATION? NO___ YES___

IF YES, WHAT CHARGE _____ DATE _____

CONVICTED _____ WHERE _____

PLEASE NOTE THAT AN OFFENSE DOES NOT AUTOMATICALLY EXCLUDE YOU.

In order to be considered for a volunteer placement at Compassion Community Clinic, you must have:

- No record of assault, violent criminal offenses and/or weapons charges
- No record of illegal drug charges of any type in the past 10 years
- No record of sexual related charges of any type
- No record of theft or robbery charges

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- **I agree that I am a US citizen or legal resident.**
 - **I agree to submit to Compassion Community Clinic’s background check process.**
 - **When working for CC Clinic I agree not to detract from or undermine the Statement of Faith.**
 - **The information provided in this application is accurate and true.**
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SIGNATURE OF APPLICANT _____

DATE _____

Please send completed application to:

Compassion Community Clinic
6015 So. Virginia #E, PMB 368
Reno, NV 89502

Thank you for applying! We will contact you within 1 week of receiving your application.

“This is what the LORD Almighty says “... show mercy and compassion to one another” Zec 7:9NIV