



Please return application to:  
PAM WRIGHT  
7760 NW WILDCAT LK RD  
BREMERTON, WA 98312  
pam.wright0001@gmail.com

**GENERAL INFORMATION**

(Please fill out all 5 pages)

First Name \_\_\_\_\_ M \_\_\_\_\_ Last \_\_\_\_\_

Alias or Maiden Name(s) \_\_\_\_\_

BIRTH DATE \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ MALE \_\_\_\_\_ FEMALE \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

CITY/STATE/ZIP CODE \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Mailing Address if different \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

MARITAL STATUS: MARRIED \_\_\_\_\_ SINGLE \_\_\_\_\_ WIDOWED \_\_\_\_\_

SPOUSE'S NAME: \_\_\_\_\_

**EMERGENCY CONTACT**

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

How did you find out about West Sound Free Clinic? \_\_\_\_\_

\_\_\_\_\_

## EDUCATION

HIGH SCHOOL \_\_\_\_\_ YEAR COMPLETED \_\_\_\_\_

COLLEGE \_\_\_\_\_ DEGREE \_\_\_\_\_ YEAR COMPLETED \_\_\_\_\_

GRADUATE STUDIES \_\_\_\_\_ DEGREE \_\_\_\_\_ YEAR COMPLETED \_\_\_\_\_

MEDICAL \_\_\_\_\_ DEGREE \_\_\_\_\_ YEAR COMPLETED \_\_\_\_\_

INTERNSHIP \_\_\_\_\_ TYPE \_\_\_\_\_ YEAR COMPLETED \_\_\_\_\_

RESIDENCY \_\_\_\_\_ TYPE \_\_\_\_\_ YEAR COMPLETED \_\_\_\_\_

## WORK EXPERIENCE

MILITARY EXPERIENCE \_\_\_\_\_

CURRENT EMPLOYER \_\_\_\_\_

HOW MANY YEARS \_\_\_\_\_

PAST EMPLOYERS (LAST 2) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## RELIGIOUS AFFILIATION

CURRENT CHURCH HOME \_\_\_\_\_ DENOMINATION \_\_\_\_\_

ADDRESS \_\_\_\_\_

## PERSONAL REFERENCES

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

RELATIONSHIP / YEARS KNOWN \_\_\_\_\_

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

RELATIONSHIP / YEARS KNOWN \_\_\_\_\_

## Statement of Faith

### West Sound Free Clinic Statement of Faith (courtesy of Kitsap Rescue Mission)

We believe –

- The Bible to be the inspired, infallible, authoritative Word of God. (2 Timothy 3:15-17; 2 Peter 1:20-21)
- That there is one God, eternally existent in three persons: Father, Son and Holy Spirit. (1 Timothy 3:16; Matthew 28:19; Ephesians 4:4-6; 1 Peter 1:2; Romans 8:14-17)
- In the deity and humanity of Christ, born of a virgin. His sinless life. His miracles. His vicarious and atoning death through His shed blood. His bodily resurrection. His ascension to the right hand of the Father. His present rule as Head of Church and His personal return in power and glory. (Luke 1:30-35; John 1:14; 2 Corinthians. 5:21; 1 Corinthians 15:3-4)
- That for the salvation of a lost and sinful person, regeneration by the Holy Spirit is absolutely essential. We are saved by grace through faith, not of works. That the sinner who repents and accepts the Lord as Savior, becomes a child of God, is made a new creature, and is indwelt by the Holy Spirit. (Ephesians 2:8-9; John 1:12, 3:36; 2 Corinthians 5:17; John 14:17; Hebrews 9:11-14)
- In the present, ongoing ministry of the Holy Spirit. It is by the indwelling of the Holy Spirit that the Christian is enabled to live a godly life. (John 14:17, 26; John 16:13-15; Romans 8:14-17)
- The Power of death is kept from those who put their trust in Christ...and that they will dwell with Christ forever (John 14:3, Rev. 20:6, 14, 15, 22:1-5)
- In the spiritual unity of believers in our Lord Jesus Christ, with equality across racial, gender and class differences. (1 Corinthians 12:13; Ephesians 2:13-14)

The above statement reflects the beliefs of the founders of West Sound Free Clinic. The board of directors realizes that not all volunteers will share these beliefs, but requests that they respect these tenants and not detract from the Christian faith that is the foundation of WSFC.

Print Name\_\_\_\_\_

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

## LICENSURE AND CERTIFICATION

### PLEASE INCLUDE A COPY OF THE FOLLOWING WITH YOUR APPLICATION

1. Current CPR and/or ACLS certification.
2. Licensure and/or certification.
3. If you are a provider, please include a copy of your proof of malpractice insurance.

## ID BADGE

Please email a picture for an ID badge to Carrie Bivens  
carriebivens@cmrt.org

## VOLUNTEER AGREEMENT AND SIGNATURE

I affirm that the facts set forth in this application are true and complete. I understand that any false statements, omissions or other misrepresentation made by me may result in my termination.

I, the undersigned, agree that in accepting a term of volunteer service, it is with the clear understanding that WSFC does not assume responsibility for loss of my property, damage to the same, personal harm, or illness that may come to myself. Myself, my heirs, executors, administrators, and assigns in consideration of my admission to volunteer service and other good and valuable considerations, so hereby release and forever discharge WSFC, its directors, officers and fellow volunteers from liability for any claim or demand which I or my heirs, executors, administrators, or assigns, might otherwise assert upon the basis of any of the foregoing. In volunteering, I recognize that I do not become an agent or employee of WSFC in rendering my services, and I agree to hold WSFC harmless from any claim that might arise out of any acts performed by me while serving as a WSFC member.

**I also agree to allow WSFC to run a background check on myself**

Signed \_\_\_\_\_ Date \_\_\_\_\_

### Staff use only:

License Verification \_\_\_\_\_ Action taken \*\*no \_\_\_\_\_ yes \_\_\_\_\_  
Background Check completed \_\_\_\_\_  
Entered into Database: \_\_\_\_\_ Volunteer packet sent: \_\_\_\_\_  
License Expiration Date \_\_\_\_\_  
CPR/and/or ACLS Expiration Date \_\_\_\_\_  
Volunteer Provider Insurance Complete \_\_\_\_\_

WEST SOUND FREE CLINIC CRIMINAL HISTORY AUTHORIZATION FORM  
Please print legibly and fill out completely - failure to do so may delay your application

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
LAST NAME ..... FIRST NAME ..... MIDDLE NAME

ALIAS OR MAIDEN NAME(S) USED: \_\_\_\_\_  
\_\_\_\_\_

SEX (Circle) M / F ..... DATE OF BIRTH: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

CURRENT ADDRESS \_\_\_\_\_

CITY & STATE ZIP \_\_\_\_\_

PHONE NUMBER (\_\_\_\_) \_\_\_\_\_ CELL: (\_\_\_\_) \_\_\_\_\_

DRIVERS LICENSE NUMBER \_\_\_\_\_ STATE \_\_\_\_\_

EXPIRATION DATE \_\_\_\_ / \_\_\_\_ / \_\_\_\_

OTHER STATES LIVED IN: \_\_\_\_\_  
\_\_\_\_\_

I affirm that the facts on this application are true and complete.

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

\_\_\_\_\_