

FREE MEDICAL CLINIC OF THE OZARKS

PO Box 1167, Branson, MO 65615-1167

(417) 334-9940

VOLUNTEER AGREEMENT

I, _____, freely and voluntarily commit to perform such duties as my position requires and/or are reasonable for the function of the Free Medical Clinic of the Ozarks, to the best of my ability.

I believe and practice the truths of the Free Medical Clinic of the Ozarks Doctrinal Statement which asserts:

- The authority and inerrancy of Scripture
- The Godhead of the Father, Son and Holy Spirit
- The full deity and humanity of Christ
- Salvation by grace alone through faith in Christ alone

I understand and agree that a criminal background check may be done by the Free Medical Clinic of the Ozarks at any time, without notification, at their discretion.

I understand and agree that it is my responsibility to call the Free Medical Clinic of the Ozarks and give notice if an emergency arises and I am unable to come in at my scheduled time.

Driver's License Number: _____

Address: _____

Home phone: _____

Cell phone: _____

Signature

Date

Please mail this to the address at the top, fax it to (417) 334-9941, or drop it off during the day on Monday or Wednesday. Thank you for volunteering to serve!