



Volunteer Health Care Provider Program (VHCPP)

CONTRACT APPLICATION

SHEPHERD'S HOPE, INC. - Health Center location _____

Provider Name: _____ Date: _____
(Last) (First) (Middle)

Address: _____
(Street) (City) (State) (Zip)

Phone Number: (_____) _____
(Area code)

Occupation: _____ Specialty: _____ FL License Number: _____

Individual providers applying for a VHCPP contract for sovereign immunity protection that are affiliated with a Professional Association (P.A.), the Florida Department of Health recommends a sovereign immunity contract be established to protect the P.A.

Please indicate if you would like a contract for the P.A. you're affiliated with.

Yes _____ No _____ Not Applicable _____ (P.A. currently contracted)

Name of Professional Association: _____

FEI or Document Number: _____

Name of Corporate Officer/Director with Contract Authority: _____

Business Address: _____
(Street) (City) (State) (Zip)

Phone Number: (_____) _____

Signature: _____ Date: _____

TO PROTECT CLIENTS, A ROUTINE CHECK OF THE CORPORATION NAME AND PROVIDER'S PROFESSIONAL LICENSE WILL BE MADE THROUGH THE FLORIDA DIVISION OF CORPORATIONS AND THE FLORIDA DOH DIVISION OF MEDICAL QUALITY ASSURANCE.

License/Corporation Verification (For DOH Use Only)

Individual

Current Florida Health Professional License? Yes _____ No _____
License Status "Clear and Active"? Yes _____ No _____

Corporation

Active Florida Professional Association? Yes _____ No _____ N/A _____

Verification Completed By: _____ Date _____
Signature of VHCPP Regional Coordinator



LICENSED HEALTHCARE PROVIDER APPLICATION

Please print

NAME: _____		
(Last)	(First)	(Middle)
Home Phone: _____	Work Phone: _____	
Cell Phone: _____	Email: _____	
Professional Designation: _____		
What language(s) do you speak fluently, other than English? _____		

Shepherd's Hope Health Centers are open from 6 PM - 9 PM. Please indicate at which center(s) you would like to volunteer.

- | | |
|--|--|
| <input type="checkbox"/> Apopka Shepherd's Hope Health Center
Apopka High School Family Service Center
555 Martin Street, Apopka 32712
OPEN THURSDAY NIGHTS | <input type="checkbox"/> Longwood Shepherd's Hope Health Center
Only Need: Physicians, ARNPs and PAs
600 N. Hwy. 17-92, Longwood, FL 32750
OPEN MONDAY - THURSDAY NIGHTS |
| <input type="checkbox"/> Chronic Care Program
Winter Garden Family Health Center
1210 E. Plant Street, Winter Garden 34787
OPEN TUESDAY NIGHTS | <input type="checkbox"/> St. Luke's Lutheran Shepherd's Hope Health Center
St. Luke's Lutheran Church
2021 West State Road. 426, Oviedo 32765
OPEN TUESDAY NIGHTS & 2 ND AND 4 TH THURSDAY NIGHTS |
| <input type="checkbox"/> Dr. Diebel, Jr. Memorial Shepherd's Hope
Health Center
Colonial High School Family Service Center
6100 Oleander Drive, Orlando 32807
OPEN MONDAY, TUESDAY & THURSDAY NIGHTS | <input type="checkbox"/> Walker Shepherd's Hope Health Center
Walker Middle School Family Service Center
150 Amidon Lane, Orlando 32809
OPEN TUESDAY & THURSDAY NIGHTS |
| <input type="checkbox"/> Downtown Orlando Shepherd's Hope Health Center
Orange County Medical Clinic
101 S. Westmoreland Drive, Orlando 32805
OPEN WEDNESDAY & THURSDAY NIGHTS | <input type="checkbox"/> Westside Shepherd's Hope Health Center
Westside Technical School Family Service Center
955 E. Story Road, Winter Garden 34787
OPEN TUESDAY & THURSDAY NIGHTS |
| <input type="checkbox"/> Hungerford Shepherd's Hope Health Center
Hungerford Adult & Community Center
100 E. Kennedy Blvd, Eatonville 32751
OPEN TUESDAY & WEDNESDAY NIGHTS | |

HOW DID YOU HEAR ABOUT US? _____

PLEASE MAIL COMPLETED APPLICATION TO:
Shepherd's Hope, Inc.
4851 S. Apopka-Vineland Road
Orlando, FL 32819
407-876-6699

FAXED COPIES OF APPLICATIONS CAN NOT BE ACCEPTED

VOLUNTEER CODE OF ETHICS

AS A SHEPHERD'S HOPE VOLUNTEER, I AGREE TO:

Keep confidential all information I may learn directly or indirectly about a patient or fellow volunteer unless legally obligated to do otherwise. I will only seek information on a client that is important to the performance of my assigned tasks.

Treat all patients, staff and fellow volunteers with dignity, courtesy and respect.

Celebrate and embrace the diversity of patients, staff and volunteers, regardless of cultural or language barriers, economic status, physical handicap, or religious preference.

Arrive on time for scheduled shift or notify the Health Center Manager as soon as possible if I am unable to maintain my commitment to volunteer as scheduled.

Bring an attitude of open-mindedness and willingness for training and supervision.

Complete all assigned tasks with a commitment to quality.

Present a professional image and demeanor to patients, staff and fellow volunteers.

Discuss any problems, issues or suggestions with the Health Center Manager.

Adhere to Shepherd's Hope policies and guidelines.

Volunteer Signature

Date

Print Volunteer Name

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**FLORIDA DEPARTMENT OF HEALTH
SOVEREIGN IMMUNITY FOR
VOLUNTEER HEALTH CARE PROVIDERS**

Shepherd's Hope, Inc. operates within the program guidelines of the Volunteer Health Care Provider Program through the Department of Health in the State of Florida. This allows our enrolled providers to deliver healthcare to patients without being held personally liable, assuming they provide care within their scope of practice. Listed below is a description of the Florida statute.

Florida Statute Section 766.1115, "Access to Health Care Act" intent is to provide governmental protection to health care providers who offer volunteer uncompensated medical services to the underserved in populations in the State.

The Department of Health has entered into a governmental contract with Shepherd's Hope, Inc. and this law makes the corporation and each individual health care provider "agents of the state" for the purposes of medical services provided.

As such, the provider shall not be held personally liable or named as a defendant in any lawsuit for any injury or damage suffered as the result of any act or omission while performing medical services within the scope of duties pursuant to the contract, unless the agent acted in bad faith or with malicious purpose or in a manner exhibiting wanton and willful disregard of human rights, safety or property.

If a patient of a volunteer health care provider files a lawsuit under the contract, the patient may only file the lawsuit against the state not the individual provider. In any such suit the Department of Insurance will hire and pay for the lawyer to defend the lawsuit. If the court should decide that the patient suffered damages as a result of and act of the provide while performing services under the contract, that patient may be awarded damages up to \$100,000 which would be paid by the State.