



Volunteer Health Care Provider Program (VHCPP)
HEALTH CARE PROVIDER SOVEREIGN IMMUNITY CONTRACT APPLICATION

Agency Name: SHEPHERD'S HOPE, INC. Health Center Location:

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

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

Primary Contact Phone Number: (Area code)

Occupation: Specialty: FL License Number:

- When applying for a contract for sovereign immunity\* protection through the Volunteer Health Care Provider Program, if you are affiliated with a corporate professional association (LLC, P.A.. etc), the Florida Department of Health recommends a sovereign immunity contract be established to protect your corporation.
Would you like (or not) a sovereign immunity contract for a Professional Association with which you may be affiliated? Please answer YES, NOT or NOT APPLICABLE. Your signature and date are required.

NO (I am not affiliated with a corporation wanting sovereign immunity)

YES (I want sovereign immunity for the following corporation)

Corporation Name:

FEI or Federal Tax ID number:

Name of corporate Officer/Director with Contract Authority:

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

Business Phone Number: (Area code)

NOT APPLICABLE The following corporation is already contracted:

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 Florida 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: Signature of VHCPP Regional Coordinator Date



## LICENSED HEALTHCARE PROVIDER APPLICATION

NAME: \_\_\_\_\_  
(Last) (First) (Middle)

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Professional Designation: \_\_\_\_\_

What language(s) do you speak fluently, other than English: \_\_\_\_\_

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

\_\_\_ **Apopka Shepherd's Hope Health Center**  
Apopka High School - Apopka Community Resource Center  
555 Martin Street, Apopka 32712  
OPEN THURSDAY NIGHTS

\_\_\_ **St. Luke's Lutheran Shepherd's Hope Health Center**  
St. Luke's Lutheran Church – Family Service Center  
2021 West State Road. 426, Oviedo 32765  
OPEN TUESDAY & THURSDAY NIGHTS

\_\_\_ **Dr. Diebel Jr. Memorial Shepherd's Hope**  
Faith Assembly of God  
2008 N. Goldenrod Road, Winter Park 32792  
OPEN MONDAY, TUESDAY & THURSDAY NIGHTS

\_\_\_ **Tazkiah Shepherd's Hope Health Center**  
Foundation of Lights, Inc.  
120 Floral Street, Ocoee 34761  
OPEN SATURDAY MORNING

\_\_\_ **Downtown Orlando Shepherd's Hope Health Center**  
Orange County Medical Clinic  
101 S. Westmoreland Drive, Orlando 32805  
OPEN TUESDAY & WEDNESDAY NIGHT

\_\_\_ **Walker Shepherd's Hope Health Center**  
Walker Middle School - Family Service Center  
150 Amidon Lane, Orlando 32809  
OPEN TUESDAY & THURSDAY NIGHTS

\_\_\_ **Hungerford Shepherd's Hope Health Center**  
Hungerford Preparatory School - Adult & Community Center  
100 E. Kennedy Blvd, Eatonville 32751  
OPEN TUESDAY - THURSDAY NIGHTS

\_\_\_ **Westside Shepherd's Hope Health Center**  
Westside Technical School - Family Service Center  
955 E. Story Road, Winter Garden 34787  
OPEN TUESDAY & THURSDAY NIGHTS

\_\_\_ **Longwood Shepherd's Hope Health Center**  
Fairmont Plaza  
600 N. Hwy. 17-92, Suite #124 Longwood 32750  
OPEN MONDAY - THURSDAY NIGHTS

**PLEASE TELL US HOW YOU HEARD ABOUT SHEPHERD'S HOPE (church, synagogue, mosque, other)?**

\_\_\_\_\_

# **SHEPHERD'S HOPE 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.**

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**Volunteer Signature**

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**Date**

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**Print Volunteer Name**

**PLEASE MAIL or FAX COMPLETED APPLICATION TO:**

**SHEPHERD'S HOPE, INC.  
4851 S Apopka-Vineland Road  
Orlando, FL 32819  
407-876-6699  
407-909-0603 (F)**

**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 an act of the provider while performing services under the contract, that patient may be awarded damages up to \$100,000 which would be paid by the State.