



## Volunteer Application

### Contact Information

Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_  
 Preferred Nickname: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Address: \_\_\_\_\_ City, State: \_\_\_\_\_  
 Zip Code: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_  
 E-mail: \_\_\_\_\_ *(CVFC conducts 90% of volunteer communication by email)*

Preferred method of phone contact:     Cell                       Business                       Home  
(please check one)

Preferred time to be contacted:         Morning                       Afternoon                       Evening

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

### Employment, Training, & Education

Check all that apply:         Employed         Unemployed         Retired         Student

Current Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_  
 Employer Address: \_\_\_\_\_ Employer Phone: \_\_\_\_\_

#### If you are currently a student:

College Attending? \_\_\_\_\_ Year? \_\_\_\_\_ Major? \_\_\_\_\_

### Most Recent Professional Employment / Practice History

<i>Date Started</i>	<i>Date Ended</i>	<i>Employer</i>	<i>Position &amp; Responsibilities</i>

### References

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 Relationship: \_\_\_\_\_ Years known? \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 Relationship: \_\_\_\_\_ Years known? \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_



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### Information Requested for Licensed Professionals only

<b>License Type and #:</b>	<b>NPI# (if applicable):</b>
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Have any of your licenses or certificates to practice ever been restricted, revoked, suspended, limited, surrendered or canceled, or has there been any other disciplinary action against your license or certificates?  Yes  No  
*If YES, please attach documentation.*

Are you involved in any ongoing litigation pertaining to professional activities? *If YES, please attach documentation.*  Yes  No

Do you have prescriptive authority?  Yes  No

### Volunteer Experience Desired

Please check any that you are qualified for or interested in.

<b>Medical Clinic (Must have current WI licensure)</b> <input type="checkbox"/> Clinician (Physician, Nurse Practitioner, Physician Assistant) <input type="checkbox"/> Optometrist <input type="checkbox"/> Psychiatrist <input type="checkbox"/> Nurse <input type="checkbox"/> Pharmacist <input type="checkbox"/> Mental Health Therapist <input type="checkbox"/> Registered Dietician <input type="checkbox"/> Dentist <input type="checkbox"/> Dental Hygienist	<b>Non-licensed Positions during Clinic Services</b> <input type="checkbox"/> Receptionist <input type="checkbox"/> Interpreter <input type="checkbox"/> Intake Coordinator <input type="checkbox"/> Pharmacy Technician (must have experience) <input type="checkbox"/> Vision Technician (must have experience) <input type="checkbox"/> Certified Lab Technician (must have experience) <input type="checkbox"/> Dental Assistant (must have experience)
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**Educational Training/Licenses or Certifications (please list all applicable specialties, credentials, and degrees):**

**Other Volunteer Positions:**

- Office Reception (answer phones, check voicemail, direct visitors, accept deliveries, computer entry etc.)
- Administrative Assistance (data entry, mailings, general office work, spreadsheets, bookkeeping, statistics etc.)
- Medical Records
- Public Relations/Technical Writing/Communications (writing stories for newsletters/magazines, drafting professional letters, desktop publishing, social networking etc.)
- IT Projects (website management, computer set-up/problem solving, etc.)
- Special Projects (fundraising, special event planning, occasional work projects)
- Cleaning
- Food Preparation/Meal Delivery
- Other

**Special Expertise (photography, knowledge of foreign languages, grant writing experience, etc.)**



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### Availability

Morning	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday
Afternoon	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday
Evening		<input type="checkbox"/> Tuesday		<input type="checkbox"/> Thursday

### Volunteer Experience

Have you volunteered at the Free Clinic before? If yes, when and in what capacity?	
What interests you about volunteering with the Free Clinic?	
Briefly describe/summarize any volunteer experience you may have.	

### Personal Information

How did you hear about CVFC? \_\_\_\_\_

Have you ever been convicted of a felony?  Yes  
*If YES please explain:*  No

Do you have any limitations or medical conditions we should be aware of?  Yes  
*If YES please explain:*  No

Please indicate any questions you might have for us: \_\_\_\_\_

Chippewa Valley Free Clinic does not and shall not discriminate on the basis of race, color, religion (creed), gender, gender expressions, age, national origin (ancestry), disability, marital status, sexual orientation, or military status, in any of its activities or operations. These activities include, but are not limited to, hiring and firing of staff, selection of volunteers and vendors, and provision of services. We are committed to providing an inclusive and welcoming environment for all members of our staff, clients, volunteers, subcontractors, and vendors.

*Note:* The Free Clinic reserves the right to decline volunteer assistance, when necessary. Completed volunteer applications and written qualifications do not guarantee an individual's placement within the organization's volunteer program. Selection and appropriateness for all volunteer positions will be at the discretion of the department directors.

*Our Mission: To provide healthcare to and advocacy for the people of the Chippewa Valley who have no healthcare alternative.*



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## Chippewa Valley Free Clinic Confidentiality Agreement



I, \_\_\_\_\_, understand:

That all information I view in regards to patients, program participants, donors, volunteers, family members of patients, and/or employees of the Chippewa Valley Free Medical Clinic, and their partners/collaborators may be governed or protected by federal, state, and local regulations and, where privileged, is to be held in the strictest confidence.

- No private information can be released/shared with family, friends, or any other unauthorized person;
- I will release only information that is duly authorized for release and for which I have training and authorization to release;
- Unauthorized disclosure is cause for termination of volunteer services as well as possible civil and/or criminal sanctions.

Signed:

Printed Name:

Date:



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## VOLUNTEER RESPONSIBILITIES AND EXPECTATIONS

A positive, supportive environment is a critical value and asset of the clinic. In order to assure the provision of consistent services and quality standards of care, all volunteers who work at the Chippewa Valley Free Clinic are asked to adhere to these responsibilities and expectations.

1. Treat patients, staff and fellow volunteers with courtesy and respect.
2. Know and follow patient confidentiality and privacy standards. (signed agreement)
3. Complete the orientation and all required training required for the volunteer role.
4. Attend all shifts and events to which the volunteer is committed.
  - The basic commitment is six shifts per year: requirements may vary in specific areas. (A schedule will be provided.)
  - Shifts are specific to volunteer job. (Clinic, non-clinic, etc...)
  - Sign-In on the Sign In Sheet
  - Check in with your supervisor at the start of each shift
  - To the best of your ability, we ask that you find a replacement for duties when scheduling conflicts occur. A volunteer roster will be provided.
  - If unable to find a replacement, please notify clinic staff at [info@cvfreeclinic.org](mailto:info@cvfreeclinic.org) as soon as possible.
5. Know and follow Clinic policies and procedures in the area of responsibility.
6. Report any violations of Free Clinic policies, patient safety issues, equipment or facility problems or any other problematic situation to your supervisor.
7. Work cooperatively with staff and volunteers in other areas of the Clinic.
8. Use all Clinic equipment and materials effectively, efficiently and safely.

By reading and signing this form, I agree to uphold myself to the expectations listed above.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_