



Volunteer Application

Contact Information

Name:				Toda	y's Date:			
Preferred Nickname: Date of B				of Birth:				
Address:				City,	State:			
Zip Code:				Home	e Phone:			
Cell Phone:				Busin	ess Phone	•		
E-mail:				(CVFC	conducts 909	% of volunteer comm	nunicatio	on by email)
Preferred method of phone contact: (please check one)				Cell		Business		Home
Preferred time	to be contacted	d:		Morning		Afternoon		Evening
Emergency Co	ntact:			Re	elationship	:		
Cell Phone:				0	ther Phone	2:		
Employme Check all that a	nt, Training	, & Educat Employed	io	n □ Unem _l	oloyed	□ Retired		□ Student
Current Emplo	yer:			0	ccupation:			
Employer Addı	ess:		Employer Phone:					
If you are currently a student:								
College Attending?				Year?		Major?		
Most Recent Professional Employment / Practice History								
Date Started	Date Ended		Em	ployer		Position & Responsibilities		
				Referen	ces			
Name:			Title:					
Relationship: Years known?								
Phone Number:			Er	nail:				
Name:				Ti	tle:			
Relationship:			Years known?					
Phone Number:			Email:					
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Information Requested for Licensed Professionals only

License Type and #:	NPI# (if applicable):					
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? If YES, please attach documentation.						
Are you involved in any ongoing litigation pertaining to profes please attach documentation.	sional activities? If YES,		Yes		No	
Do you have prescriptive authority?			Yes		No	
Volunteer Experience Desired						
Please check any that you are	qualified for or interesto	ed in				
Medical Clinic (Must have current WI licensure) Clinician (Physician, Nurse Practitioner, Physician Assistant) Optometrist Nurse Pharmacist Mental Health Therapist Registered Dietician Dental Hygienist Medical Clinic (Must have current WI licensure) Non-licensed Positions during Clinic Services Receptionist Interpreter Intake Coordinator Pharmacy Technician (must have experience) Certified Lab Technician (must have experience) Experience) Dental Assistant (must have experience) Dental Assistant (must have experience) Educational Training/Licenses or Certifications (please list all applicable specialties, credentials, and degrees):					e)	
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.)						



816 PORTER AVE SUITE 200 EAU CLAIRE, WI 54701 715.839-8477 WWW.CVFREECLINIC.ORG

Availability

Morning	□ Monday	☐ Tuesday	☐ Wednesday	☐ Thursday
Afternoon	☐ Monday	□ Tuesday	☐ Wednesday	☐ Thursday
Evening		□ Tuesday		☐ Thursday

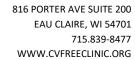
Volunteer Experience

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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	
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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.

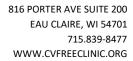




Chippewa Valley Free Clinic Confidentiality Agreement



, understand:	
hat all information I view in regards to patients, program participants, donors, volunteers, family members atients, and/or employees of the Chippewa Valley Free Medical Clinic, and their partners/collaborators made governed or protected by federal, state, and local regulations and, where privileged, is to be held in the trictest confidence.	
 No private information can be released/shared with family, friends, or any other unauthorized personal limits of the property of	
igned:	
rinted Name:	
Pate:	





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 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.