



Volunteer Application

Please email completed applications to Karla@cvfreeclinic.org or return to 1030 Oak Ridge Drive.

Contact Information

Name:	Today's Date:
Preferred Name:	Position Applied For:
Street Address:	Date of Birth:
City / State / Zip:	
Cell Phone:	Alternate Phone:
E-mail:	Best Time to Contact:

Emergency Contact:	Relationship:
Cell Phone:	Alternate Phone:

Employment, Training, & Education

Check all that apply: ☐ Employed ☐ Unemployed ☐ Retired ☐ Student

Current Employer:	Occupation:
Employer Address:	Employer Phone:

Current Students:

College Attending:	Year:	Major:
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Most Recent Professional Employment / Practice History

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

Professional References

Name:	Title:
Relationship:	Years known:
Phone Number:	Email:

Name:	Title:
Relationship:	Years known:
Phone Number:	Email:

Do you speak Spanish? ☐ Yes ☐ No

Have you ever been convicted of a felony? ☐ Yes ☐ No

How did you hear about CVFC? _____

Volunteer Positions

Please check any options that you are qualified for and interested in:

Current WI License Required ☐ Clinician (Physician, Nurse Practitioner, Physician Assistant) ☐ Optometrist / Ophthalmologist ☐ Psychiatrist ☐ Mental Health Counselor ☐ Nurse ☐ Pharmacist ☐ Mental Health Therapist ☐ Registered Dietician ☐ Dentist ☐ Dental Hygienist ☐ Certified Medical Assistant	Current or Past License Accepted ☐ Pharmacy Technician ☐ Vision Technician ☐ Certified Lab Technician Non-Licensed Clinic Roles ☐ Receptionist ☐ Interpreter – Spanish (in-person) ☐ Remote / Virtual Interpreter – Spanish ☐ Patient Navigator ☐ Intake Coordinator ☐ Dental Assistant (will train)
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Other Volunteer Positions

☐ Office Reception ☐ Administrative Assistance ☐ PR / Marketing ☐ IT Projects ☐ Cleaning ☐ Maintenance
☐ Special Projects ☐ Meal Provider ☐ Photography ☐ Grant Writing ☐ Other _____

Are you available during clinic hours?

Tuesday Evenings ☐ Yes ☐ No 1st & 3rd Thursday Morning / Afternoon ☐ Yes ☐ No

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.* ☐ Yes ☐ No

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

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 health care to and advocacy for the people of the Chippewa Valley who have no reasonable health care alternative.

Confidentiality Agreement & Volunteer Expectations

I, _____, understand:

All information that I view regarding patients, program participants, donors, volunteers, family members of patients, and/or employees of the Chippewa Valley Free 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.

I also understand and agree that I am expected to abide by the policies and procedures laid out in the Volunteer Handbook, which will be sent to me electronically to review prior to my first volunteer shift.

Signed: _____

Printed Name: _____

Date: _____