



125 Russell Parkway
Warner Robins, GA 31088

Phone: 478-923-9730
Fax: 478-923-5515

Volunteer Application

Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Occupation: _____ Employer: _____

Cell Phone: _____ Work Phone: _____

May we contact your employer for the purpose of verifying your credentials? _____

Emergency contact's name and phone number: _____

Medical problems or allergies we should be aware of: _____

Please check below any area you are interested in volunteering and have the necessary qualifications for:

Clinical Volunteers

- _____ Registered Nurse
- _____ Certified Nurse's Assistant
- _____ Nurse Practitioner
- _____ Licensed Practical Nurse
- _____ Licensed Therapist
- _____ Medical Technician
- _____ Surgeon (Off-Site Referrals)
- _____ Pharmacist
- _____ Pharmacist Technician
- _____ Physician
(Specialty _____)
- _____ Physician Assistant
- _____ Podiatrist
- _____ Social Worker
- _____ Other Clinical Professional: _____

Administrative Volunteers

- _____ Clerical Work
- _____ Computer Work/IT Specialist
- _____ Data Entry
- _____ Fundraising Projects
- _____ General Help
- _____ Receptionist
- _____ Public Relations
- _____ Marketing
- _____ Telephone Operator
- _____ Translator
(Language _____)
- _____ Other: _____

Professional Internship (Please indicate professional field and provide the academic program and contact information): _____

I can work:

- _____ One Day per week (_____)
- _____ One Day per month
- _____ Number of days per month
- _____ As needed

What attracted you to the Houston County Volunteer Medical Clinic?

Have you had a TB Test in the past year? _____

Have you been vaccinated against Hepatitis B? _____ If yes, please attach documentation.

Have you ever been convicted of a felony? _____

If yes, a conviction will not necessarily bar you from volunteering. Each conviction is judged on its own merits with respect to time, circumstances, and seriousness.

Clinic Volunteers: Have you ever been required by a licensing board or professional body to surrender your license, or have you ever been found guilty of professional ethics codes, professional misconduct, incompetence or negligence, in any state or country? Yes _____ No _____

If yes, please explain: _____

Volunteer Agreement

1. I shall keep confidential all information that I obtain regarding, patients, staff, and volunteers.
2. I shall submit to any immunizations that may be necessary part of my volunteer service.
3. I shall be punctual and conscientious, conduct myself with dignity, courtesy and consideration of others, and endeavor to make my work professional in quality.
4. I agree to resolve any problems that may arise with the Volunteer Coordinator.
5. I shall make my best effort to fulfill my commitment to the Houston County Volunteer Medical Clinic by completing all assignments that I accept.
6. I shall at all times uphold the philosophy and standards of the Houston County Volunteer Medical Clinic.
7. I understand that the Volunteer Coordinator and/or the Executive Director reserves the right to terminate my volunteer status as a result of:
 - a) Failure to comply with clinic policies, rules, and regulations.
 - b) Absences without prior notification.
 - c) Unsatisfactory attitude, work, or appearance.
 - d) Any other circumstances, which in the judgment of the Houston County Volunteer Medical Clinic Staff would make my continued serves as a volunteer contrary to the best interests of the clinic.

I have read the above conditions and agree to be bound by them. I certify that the information I have given is complete, true and correct to the best of my knowledge. I affirm that I have not knowingly withheld any facts or circumstances in completing this application.

Signature

Date

Clinical Volunteer Applications: Please include a copy of your Georgia clinical license or certification. By my signature above and having checked yes to authorize contact, I grant the Houston County Volunteer Medical Clinic authorization to contact the employer, hospital, or healthcare facility listed on this application for the purpose of verifying my professional license and credentials.

Houston County Volunteer Medical Clinic is committed to the policy that all persons shall have equal access to programs, facilities, and employment without regard to personal characteristics not related to ability, performance, or qualifications as determined by policy or by state or federal authorities. The Houston County Volunteer Medical Clinic does not discriminate against any person because of age, ancestry, color, disability or handicap, national origin, race, religious creed, etc.