

Community Free Clinic

Volunteer Application, please complete and return to:

528-A Lake Concord Rd., NE or nancylitton@cfclinic.org
Concord, NC 28025 Fax: 704-782-8638

Personal & Contact Information

Title: Dr. Mr. Mrs. Ms. Rev.

First Name: _____ M.I. ____ Last Name: _____

Degree/Credentials: _____ NC License # if applicable: _____

CPR Current: Yes ___ No ___ Latest PPD Screening (TB): _____

Street Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Fax: _____ Email: _____

For Students Only

College/High School: _____ Major: _____ Minor: _____

Service-Learning Student? Yes No

Expected Date of Graduation _____ Faculty Advisor: _____

Volunteer Information

a. Please check the areas in which you would like to volunteer:

- | | |
|---|--|
| <input type="checkbox"/> Clerical/Office Support Worker | <input type="checkbox"/> Data Entry Operator |
| <input type="checkbox"/> Medical Program | <input type="checkbox"/> Computer Software/ Hardware Support |
| <input type="checkbox"/> Eligibility Screener | <input type="checkbox"/> Health Educator |
| <input type="checkbox"/> Patient Surveyor | <input type="checkbox"/> Public Relations/Events/Exhibits |
| <input type="checkbox"/> Pharmacy Program | <input type="checkbox"/> Volunteer Coordination |
| <input type="checkbox"/> Dental Program | <input type="checkbox"/> Patient Transportation |
| <input type="checkbox"/> Dental Assistant | |

b. List any skills or training that support your volunteer interests:

State briefly why you wish to volunteer for the Free Clinic:

List any other volunteer experiences you've had:

Please list the days and times that you are willing and available to volunteer and how often:

	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.
AM	-	-	-	-	-	-	-
PM	-	-	-	-	-	-	-

Comments:

How did you hear about volunteer opportunities in our organization?

<input type="checkbox"/> Friend	<input type="checkbox"/> Computer Software/ Hardware Support
<input type="checkbox"/> Newspaper	<input type="checkbox"/> Health Educator
<input type="checkbox"/> Clinic Website	<input type="checkbox"/> Public Relations/Events/Exhibits
<input type="checkbox"/> Relative	<input type="checkbox"/> Volunteer Coordination
<input type="checkbox"/> Newsletter	<input type="checkbox"/> Professor
<input type="checkbox"/> Staff	<input type="checkbox"/> Other: _____

Assurance of Confidentiality

I, _____, understand that in connection with my activities at The Community Free Clinic, I agree to hold all information I may have access to about patients, clients or business issues confidential. I agree to protect the confidentiality of patient records and staff records. I agree to keep access codes and passwords confidential. I will not divulge any information to unauthorized persons as this will make me subject to civil action for the collection of monetary damages and/or suspension or dismissal.

Signature

Date

Use of image, interview, photography and/or videography

I, _____ give the Community Free Clinic permission to use my photograph, videotaped information or recorded statements for use in press release(s), promotional videotapes, brochures and other materials, including social media. I acknowledge I have the right to refuse to participate in interviews, videotaping, photographs and audio tapings (even if I have previously participated). I hereby consent to participate and provide authorization of the use of my image, voice and remarks by the Community Free Clinic.

Printed Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: (M) _____ (H) _____ (w) _____

Signature: _____ Date: _____