



Volunteer Application Form

Name _____

Address _____ City _____ State _____ Zip _____

Phone (home) _____ (cell) _____ (office) _____

Email Address _____

Emergency Contact _____ Phone _____

Past Volunteer Experience (include organization/agency, position, supervisor email)

Employment (include most recent company, position, supervisor phone/email)

Volunteer Schedule: (Thursday nights, 5:00-8:30)

Frequency of volunteer availability (e.g., weekly, semiweekly, monthly) _____

Why do you want to volunteer with this organization _____

How would you like to help this organization? _____

What are your hobbies, interests and skills? _____

Education/Credentials _____

References: Give name, address and phone/email of three non-family members who can provide references on your ability to perform this volunteer position.

1. _____
2. _____
3. _____



Volunteer Agreement

The volunteer agreement is intended to ensure an understanding between volunteer managers and volunteers regarding volunteer responsibilities and organization policies and procedures.

Agency

We, Community of Hope Health Clinic, agree to accept the services of

_____ beginning _____.
(Volunteer Name) (Date)

And we commit:

1. To provide accurate information, training and assistance
2. To ensure supervision and provide job assessment and feedback
3. To respect the skills and individual needs of the volunteer

Volunteer

I, _____, agree to serve as a volunteer and commit:
(Volunteer Name)

1. To perform volunteer duties to the best of my ability
2. To follow agency rules, policies and procedures, including recordkeeping requirements and confidentiality of agency and client information
3. To meet time and duty commitments or to provide adequate notice so that alternate arrangements can be made
4. To NOT serve as a volunteer on the evenings I am a patient

Agreed to:

Volunteer

Staff Representative

Date

Date

COMMUNITY OF HOPE HEALTH CLINIC



Volunteer Confidentiality Agreement

I, _____, agree to serve as a volunteer with the Community of Hope Health Clinic (CHHC). As a volunteer, I will assist the clinic and its staff members in providing clients and their caregivers with information and services.

In providing volunteer services, I understand that I represent the CHHC and am bound to keep all conversations/communications between myself and staff (full-time, part-time and volunteer) and communications between clients and myself strictly private and confidential.

I further agree to provide volunteer services without compensation, reimbursement or financial/other remuneration of any kind. I will not use any client information for my personal gain.

Signature

Date

COMMUNITY OF HOPE HEALTH CLINIC



Consent to Photograph

I give Community of Hope Health Clinic permission to take my photograph and to use it as the organization chooses, such as for publicity or advertising.

Signed _____

Date _____

CLAIMS DETAIL ADDENDUM

Applicant's Name: (please print) _____

Total Number of claims, suits, or inquiries: _____

Please print or type the answers to each of the following questions in detail. If more than one claim exists, please photocopy this sheet for each claim.

FULL DISCLOSURE OF THE INFORMATION REQUESTED BELOW IS NECESSARY.

Patient / Plaintiff's Name: _____

Insurance Carrier Involved: _____

Date of Occurrence: _____ Date Reported: _____ Date Closed (if applicable): _____

What is the status of the claim? (Please check only one)

- Pending Settled out of court Found for Plaintiff at Trial
- Dropped Dismissed Found for Defendant at Trial

If damages were paid, either by settlement or court award, what was the dollar amount?

Paid on your behalf: _____ Paid by all parties: _____

What is/was your status? (Please check only one) Primary Defendant Codefendant other

A) Provide a brief description of the incident / claim / suit (attach additional page(s) if needed).

B) What were you alleged to have done incorrectly or failed to have done correctly?

C) Provide any other details you feel are pertinent to the claim.

D) Identify any other parties who are / were named in the claim or suit.

Applicant's Signature _____

Date: _____

Name _____

AL License Number _____

DEA Number _____

NPI Number _____

Please provide a copy of license