

Flint Hills Community Clinic Volunteer Application

The selection and placement of volunteers will be made without discrimination on the basis of race, color, religion, sex, age, national origin, or disability or any other protected classification.

(Please print)

Name _____ Date of Birth: ____/____/____
(First) (Middle) (Last)

Address _____ Ph# _____
(Street) (City) (Zip)

E-Mail Address _____ Alt. Ph# _____

Emergency Contact: Name of person to contact in case of emergency: _____

Relationship to you _____ Contact Ph# _____

How did you learn about Flint Hills Community Clinic? _____

EMPLOYMENT: EMPLOYED FT EMPLOYED PT RETIRED UNEMPLOYED STUDENT

Employer/School: _____

Phone _____ May we call you at work? No Yes

Describe current or previous volunteer activities: _____

CHARACTER REFERENCES: TWO ADULTS (NOT RELATIVES) YOU HAVE KNOWN FOR AT LEAST TWO YEARS; EMPLOYER, MINISTER, COUNSELOR, ETC.

Name _____ Relationship _____
(First) (Middle) (Last)

Address _____ Ph# _____
(Street) (City) (Zip)

E-Mail Address _____ # of Years Known: _____

Name _____ Relationship _____
(First) (Middle) (Last)

Address: _____ Ph# _____
(Street) (City) (Zip)

E-Mail Address _____ # of Years Known: _____

Are there any situations that might make you feel uncomfortable? No Yes

If yes, what are they? _____

Have you ever been convicted for violation of any federal, state, country or municipal law, regulation or ordinance? (Do not include misdemeanors or traffic violations) No Yes

If yes, date of conviction or plea ____/____/____ State or Country _____

Describe circumstances _____

Please disclose all of the convictions or pleas that have been requested, even if the conviction or pleas has been discharged, expunged or otherwise removed from your record. Convictions and pleas are not an automatic bar from placement. We will consider relevant factors such as the time and nature of the violation in the placement process.

PLACEMENT & SCHEDULING DATE YOU ARE AVAILABLE TO BEGIN VOLUNTEERING _____

Please circle the days and times you are available to volunteer:

Monday	Tuesday	Wednesday	Thursday	Friday
MORNING	MORNING	MORNING	MORNING	MORNING
AFTERNOON	AFTERNOON	AFTERNOON	AFTERNOON	AFTERNOON
	EVENING	EVENING	EVENING	

How frequently do you plan on volunteering? Weekly 2-3x/month 1x/month A few times/year

Skills/Volunteer Interest (check all that apply)? Direct Patient Care Greeting patients Filing Interpreting
 Data Entry Patient Registration/Scheduling Housekeeping/Cleaning answering phones
 Special Events/Fundraising Other (please specify) _____

Licensing/Certification: MD/DO PA/NP RN LPN CNA EMT Phlebotomist Other: _____

KS State Health Professional License#: _____ Expiration: _____
(Please provide FHCC with a photocopy of any current state licenses and certifications, i.e. BLS, ALS, etc.)

Languages Spoken (proficiently): English Spanish Other: _____

What is your motivation for volunteering? Want to give back to community/help others Fellowship
 Want experience in medical setting Just love volunteering! Newly retired/out of school
 Fulfill service requirement -For what entity: _____ How many hours: _____

PLEASE READ THE FOLLOWING CAREFULLY AND SIGN BELOW

I certify, to the best of my knowledge, that all information given by me in this application is true and correct. I authorize Flint Hills Community Clinic to utilize this information in determining my volunteer placement. I understand that false or misleading statements made by me or consequential omissions of any kind in the application process are sufficient causes for my not being accepted as a volunteer or for my dismissal from the Flint Hills Community Clinic Volunteer Program.

I understand that this application remains current for only ninety days. At the conclusion of that time, if I have not followed through with references, interviews and orientation, it will be necessary to reapply and fill out a new application. I understand that I will not be paid for my services as a volunteer.

Signature of Applicant _____ Date ____/____/____

Expectations:

- 1) FHCC is a healthcare agency. All volunteers are obligated to comply with HIPAA rules and regulations and are subject to fines/punishment if a violation occurs.**
- 2) FHCC relies on its volunteers for daily operations. Volunteers will notify staff as soon as they become aware of a conflict that may prevent them from coming during their scheduled slot. Failure to do so may result in the volunteer being dismissed from the clinic.**
- 3) Volunteers are expected to comply with clinic policies and to treat staff, fellow volunteers and patients with compassion and respect.**

For Office Use Only

Application Received: ____/____/____ Orientation ____/____/____
 References Checked HIPAA Training ____/____/____

For questions, call (785) 323-4351. Completed applications can be FAXED to (785) 323-4359 or MAILED to: Flint Hills Community Clinic, 401 Houston St, Ste C Manhattan, KS 66502

TB Test Given: ____/____/____

Start Date ____/____/____

TB Test Read: ____/____/____

End Date ____/____/____

Notes: _____
