

# Volunteer Application



First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_ Phone (h/c) \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Phone (wk) \_\_\_\_\_

Email \_\_\_\_\_ Birth date \_\_\_\_\_

Occupation \_\_\_\_\_ Certifications/ licenses # \_\_\_\_\_

Special skills, knowledge, or interest \_\_\_\_\_

Second Languages spoken  Spanish  Other \_\_\_\_\_

**Volunteer Interest:**  Medical services  Clinic Receptionist  Office/Clerical assistance  
 Case management  Interpretation/ translation  Special events/ fundraising  
 Board of Directors (additional information required)  Other \_\_\_\_\_

**Availability:** ♦ **Night Clinics**  Monday 5-8PM  Thursday 5-8PM  
(MDs 6-8PM) Frequency \_\_\_\_\_

♦ **Day Clinics**  Wednesday 9-11AM  Specialty (dates and frequency vary)  
Frequency \_\_\_\_\_

♦ **SJMC Office**  Monday  Tuesday  Wednesday  Thursday  Friday  
Time of day \_\_\_\_\_ Frequency \_\_\_\_\_

♦ **Referral Services:** I can accept \_\_\_\_\_ patients for services each  month  year.  
Services may be provided for  free  \_\_\_% discount  by arrangement with each patient.  
Location: \_\_\_\_\_

I prefer to be contacted at  Home  Work  Cell  Email  Other \_\_\_\_\_

Have you been convicted of a felony in the last seven years?  Yes  No  
If yes, please explain \_\_\_\_\_

Have you ever been a patient of SJMC or received services from SJMC?  Yes  No  
If yes, please explain \_\_\_\_\_

St. Joseph's Medical Clinic (SJMC) is an equal opportunity agency. Health care professionals will be enrolled in the Volunteer Health Care Provider Program (Wisconsin Statute ch. 146.89) for liability coverage at no cost. SJMC requires medical professionals to provide copies of their professional licenses or certifications for our files. All applications are subject to a background check.

Authorization and Release: I certify that the information I have provided is complete and accurate to the best of my knowledge. I authorize investigation of all statements contained in this application as may be necessary to verify eligibility. I release from liability representatives of SJMC for their actions in connection with my application.

Emergency contact \_\_\_\_\_ Phone \_\_\_\_\_

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

## VOLUNTEER COMMITMENT

As a volunteer for SJMC, you are providing a vital community service. *Thank You!*

Volunteers play a critical role in staffing our office and clinics. We depend on volunteers to be punctual and to act in a professional manner. We reserve the right to re-assign or terminate the assignments of volunteers who do not meet these standards.

Please keep us informed of any changes in your contact information or availability. If you are not able to attend as scheduled, please give us at least 24 hours notice so that we can find a substitute.

When accepting new volunteers, we will give preference to those who can make a longer-term commitment, even if the frequency of that commitment is limited.

If there are things we can do to make your volunteer experience more satisfying or enjoyable, please let us know! Questions about scheduling, job responsibilities, or supplies can be directed to the Office Manager or the staff person on duty during clinics.

## CONFIDENTIALITY

All personnel (volunteers and staff) are required to respect and maintain patient confidentiality in the following manner:

- Protected health information (PHI) includes:
  - Information in any form or medium that identifies an individual and relates to the history, diagnosis, treatment, prognosis, or payment (e.g. medical records, patient charts, financial information, etc.).
  - Criminal and civil penalties may be imposed by the Department of Health and Human Services Office for Civil Rights on yourself and/or the agency for improper use or disclosure of PHI. SJMC reserves the right to impose disciplinary action up to and including termination for failure to adhere to these policies.
- Patient contact:
  - Only one patient should be addressed at a time.
  - Whenever possible, take patients to a location where financial or medical information can be discussed in private.
  - When addressing patients, please speak in a quiet voice so others are less likely to overhear.
- When discussing the patient's record or condition with other staff or volunteers, do it privately.
- Keep all patient documents out of the view of others.
- Do not discuss SJMC patients and/or their confidential information with anyone outside of this clinic. Exceptions to this rule are limited to professional disclosure on a "needs to know" basis involving such discussion as required and necessary to provide patient care or arrange for payment.
- All medical information and files must remain on the clinic premises.
- Do not email or send confidential medical information over the internet to an outside email address for access on your computer at home or to another location.
- Report any breach of these policies, including accidental disclosure, to the Executive Director.

I have been informed of my responsibilities as they relate to St. Joseph's Medical Clinic. I agree to comply with these responsibilities.

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*Full Name (print)*

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*Signature*

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*Date*