

Matthews Free Medical Clinic

Volunteer Application

Name: _____
(Last) (First) (M.I)

Address: _____
(Mailing Address)

(City) (State) (Zip)

Phone: _____
(Home) (Cell)

Email Address: _____

Date of Birth: / /

Volunteer Positions of interest to you:

| | | |
|------------------------|--------------------|----------------|
| Physician | Translator | Fundraising |
| Physician Assistant | Receptionist | Event Planning |
| Nurse | Clerical | Graphic Artist |
| Lab (blood work) | Computer tech | Dietitian |
| Pharmacist/ Pharm tech | Handy man or woman | |
| Patient screener | Counseling | |
| Other: _____ | | |

Foreign Language Ability? _____

Times Available: M Tu W Th F Once/Mo Weekly 2X/Mo

***If you are a medical professional (MD, RN, LPN, CNA, etc.,) do you have a current NC license/certificate? Yes No.**

***Have you ever been charged with or alleged to have committed unprofessional conduct, professional incompetence, negligence or malpractice in a criminal or civil proceeding? Yes No. If yes, please provide the complete details on a separate piece of paper.**

***Have there ever been any charges, complaints or grievances filed, formally or informally, with any licensing authority in any state, province, territory or jurisdiction against you, regardless of the outcome? Yes No. If yes, please provide the complete details on a separate piece of paper.**

If MD, are you currently credentialed by a hospital or other physician practice? Yes No
If yes, Name and address of credentialing agency:

Current or most recent place of employment and position:

Emergency Contact: _____ **Relationship** _____
Phone: (Home) _____ (Cell) _____

References: Please provide the name and phone number of people that we may contact as personal and/or professional references.

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

Signature: _____ **Date:** _____

If you are licensed, please provide a valid current copy of your license with this application. Thank you.

VOLUNTEER STATEMENT OF ETHICS

I, _____,

do pledge to provide patient care to the best of my ability as a volunteer with Matthews Health Clinic. I will maintain **strict confidentiality** of all aspects of patient care. Patient information is not to be discussed outside of the clinic. Patient information is not to be disclosed to anyone, except under the circumstances that the patient provides written permission specifying what information may be disclosed. I will treat patients with care, compassion and understanding. I agree to be courteous to patients, staff and fellow volunteers.

Signature: _____

Date: _____