**143 Church St.** 

**VOLUNTEER APPLICATION FORM**

Thank you for your interest in volunteering for The Clinic! We ask that you complete and sign this application as a first step to becoming a volunteer at The Clinic.

**610-935-1134 ext. 33**

**www.theclinicpa.org**

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How did you hear about us? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you, a relative, or family member currently being served by The Clinic? ❒ Yes ❒ No

Have you worked or volunteered at The Clinic before? ❒ Yes ❒ No If yes, from \_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please tell why you want to be a volunteer at The Clinic and what you would like to gain from your experience \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please note any physical limitations: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other Language(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Proficiency: ❒ native speaker ❒ fluent ❒ conversational

**Education/Professional License/Certification (Non-Healthcare Professionals):**

Education/Degree/Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you currently a student? ❒ Yes ❒ No ❒ Full-time ❒ Part-time

Degree Sought: \_\_\_\_\_\_\_\_\_\_\_ Major: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Anticipated Graduation Date: \_\_\_\_\_\_\_\_\_

PPD Status \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ HBV Status \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Licensed or Certified Health Professional Data *(if applicable)***

PA License or Certification type \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PA License/Certification #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expiration Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NPI Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DEA Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Social Security # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Postsecondary/Undergraduate School\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Program/Degree\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Year of Graduation: \_\_\_\_\_\_\_\_

Medical/Graduate/Professional School\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program/Degree\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Year of Graduation \_\_\_\_\_\_\_\_\_

Are You Board Certified? \_\_\_\_\_\_\_\_ Professional Specialty \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are You a Member of a Hospital Staff? \_\_\_\_\_\_\_ Name of Hospital\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Practice Status: \_\_\_\_\_Active \_\_\_\_\_Retired If Retired, last date of Practice \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do You Have Malpractice Insurance Coverage? \_\_\_\_\_ (please provide copy of certificate of insurance)

Have you ever been involved in a Malpractice action? \_\_\_\_\_\_\_\_ If YES, attach documentation.

**Interest and Availability:**

Please check the day(s) you are available: ❒ Mon. ❒Tues. ❒ Wed. ❒Thus. ❒Fri.

Please check the time(s) you are available: ❒8:45-noon ❒12:45 -4:00 ❒4:00-6:00 alternating Wed. /Thurs.

How often would you like to volunteer?

❒ 1 time per week ❒ several times per week ❒ every other week

Time commitment?

❒ 6 months ❒ 1 year ❒ School year ❒ Summer ❒ other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What volunteer opportunities interest you? \*License Required

❒ Front Desk/Reception ❒ Scheduling/Records ❒ Phlebotomist/Lab Tech\*

❒ Data Entry

❒ Marketing ❒Business Office ❒ Physician (Specialist)\*

❒ Translator ❒ Facilities/Landscaping ❒Nurse/Medical Assistant (RN/LPN/EMT)\*

❒ Volunteer Office ❒Host a Fundraising Event ❒ Behavioral Health

**Most Recent Employment:** (please attach CV or resume if available)

|  |  |  |  |
| --- | --- | --- | --- |
| **Date Started** | **Date Ended** | **Employer** | **Position** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Volunteer Experience:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Date Started** | **Date Ended** | **Organization** | **Position** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Criminal History:**

Have you ever been convicted of a crime? ❒ Yes ❒ No Explanation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*The information contained in this application is correct to the best of my knowledge.*

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_