



# Volunteer Application Form

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

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

Work Phone Number \_\_\_\_\_ E-mail Address \_\_\_\_\_

## EDUCATION

Undergraduate School: \_\_\_\_\_

Nursing/Tech/Med School: \_\_\_\_\_

Specialty: \_\_\_\_\_

## Volunteer Activity Desired at VIM

Physician	_____	Computer Support	_____
Physician Asst.	_____	Translator (Spanish)	_____
Nurse Practitioner	_____	Front Desk/Reception	_____
Nurse	_____	Eligibility Screener	_____
Pharmacist	_____	Fundraising/Special Events	_____
Pharmacy Tech	_____	Greeter	_____
Mental Health/MSW	_____	Other	_____
Phlebotomist	_____		

## Please circle ALL the following shifts that you might be available:

Monday	Tuesday	Thursday	Thursday	Friday
1-5 p.m.	4-8 p.m.	9 a.m.-noon	1-5 p.m.	9 a.m.-1 p.m.

**Circle Desired Frequency:** As needed (anytime) One shift per week Two shifts per month One shift per month

Do you have health limitations that might affect the work you do at VIM? Please explain.

\_\_\_\_\_  
Emergency contact (list name, relationship, phone number): \_\_\_\_\_

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



# Volunteer Agreement

If accepted as a volunteer at Volunteers In Medicine, I agree to the following:

1. I will hold all information that I may obtain directly or indirectly concerning patients, doctors, or staff, as **absolutely confidential**.
2. I will not solicit my political or religious beliefs to patients, their families, and/or staff.
3. My services are donated to Volunteers In Medicine without contemplation of compensation or promise of future employment.
4. I understand that a criminal background check may be required depending on the area of my volunteer assignment.
5. I agree to commit to my volunteer position for a minimum of six months.
6. I will be punctual and conscientious; conduct myself with dignity, courtesy and consideration of others; and endeavor to make my work professional in quality.
7. I will make every effort to resolve any problems related to my volunteer assignment with my supervisor and the Volunteer Program Coordinator.
8. I will make my best effort to fulfill my commitment to VIM by completing all volunteer assignments that I accept.
9. I understand that the Volunteer Program Coordinator reserves the right to terminate my volunteer status as a result of failure to comply with VIM policy; absences without prior notification; unsatisfactory attitude, work, or appearance; or any other circumstance which in the judgment of the Volunteer Program Coordinator, would make my continues service as a volunteer contrary to the best interests of Volunteers In Medicine.
10. I understand that it is a violation of VIM policy to solicit business or act as an agent for outside business or to solicit business from patients or staff.
11. I will not sell or attempt to sell goods or services, request contributions, or solicit persons to sign or distribute political petitions on VIM property, unless I receive the express authorization of the Volunteer Program Coordinator.

I have read each of the above conditions and agree to be held accountable to them.

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Volunteer Signature

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Date