



Volunteer Application Form

Last Name _____ First Name _____ Middle Initial _____

Street Address _____ Date of Birth _____

City _____ State _____ ZIP _____

Home Phone Number _____ Cell Phone Number _____

Work Phone Number _____ E-mail Address _____

EDUCATION

Undergraduate School: _____

Nursing/Tech/Med School: _____

Specialty: _____

Employed ? PT _____ FT _____ Retired? _____ Student _____

Volunteer Activity Desired at VIM

Physician _____

Pharmacist _____

Computer Support _____

Fundraising/Special Events _____

Physician Asst. _____

Pharmacy Tech _____

Interpreter (Spanish) _____

Greeter _____

Nurse Practitioner _____

Mental Health/MSW _____

Front Desk/Reception _____

Phlebotomist _____

Nurse _____

Other _____

Eligibility Screener _____

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

Monday

Tuesday

Wednesday

Thursday

Friday

1-5 pm

4-8 pm

1-5 pm

9am -1 pm.

9 am-1 pm.

Circle Desired Frequency: As needed (anytime) 1 shift per week 2 shifts per month 1shift 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 Application Form 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 continued 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.

Volunteer Signature

Date