

BRADLEY FREE CLINIC
Volunteer Information 2018

Date: _____

(Please print clearly and fill in completely – thank you!)

Name: (Last) _____ (First) _____ (MI) _____	Birth Date: _____ E-mail: _____
Home Address: (street, city, state, zip) _____	Home Phone: _____
Place of Employment: _____	Cell Phone: _____
Employment Address: _____	Work Phone: _____
Student: <i>(please check)</i> High School _____ College _____	Name of School: _____
Spouse's Name: _____	Spouse's Phone: _____
Emergency Contact: _____	Emergency Phone: _____
Recruited By: _____	START DATE: _____

PROFESSIONAL INFORMATION

<i>Please circle:</i> Dentist Dental Assistant Dental Hygienist Dietician Lab Tech Medical Resident Medical Student Licensed Practical Nurse Registered Nurse Pharmacist Pharmacy Tech Optometrist Physician (specialty) _____ Food Donor Non-Healthcare Volunteer Other _____	
Professional License #:	Licensing Board:
DEA# (if applicable)	Area of Specialty:
Area of Interest:	Days & Time of Availability:
Have you ever been convicted of a crime other than a minor traffic offense? () YES () NO If YES, please explain:	

MEDICAL INFORMATION

Significant Medical Conditions:	
Allergies to any medicines: () YES () NO	Any other allergies: () YES () NO If yes, name:
Physician's Name, Address, and Phone:	

Box below to be filled in by Clinic

Risk Management: _____ Date entered in computer: _____ File # issued by computer: _____ Initials: _____
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Bradley Free Clinic Volunteer Agreement Form

Thank you for your interest in volunteering with the Bradley Free Clinic to make sure working people without health insurance get the health care they deserve. The Free Clinic is committed to maintaining a high level of professionalism in the services we offer to our patients. Therefore, we ask volunteers to agree to the following.

As a Bradley Free Clinic volunteer, I agree to:

1. Attend any volunteer orientation that is offered to me and read and follow volunteer policies and guidelines.
2. Maintain the strict confidentiality of Free Clinic patients, which means that I will not share any information about Free Clinic patients with anyone outside of the Free Clinic
3. Access and/or examine Free Clinic patient medical charts or other patient information only as the duties for which I offer my volunteer service necessitate (i.e., the “need to know” clause).
4. Treat patients with kindness and respect.
5. Not accept payment from patients for any service I provide as a volunteer.
6. Maintain an appropriate dress code – no halter tops, short-shorts or other revealing clothing.
7. Uphold the mission of the Bradley Free Clinic.

I understand that to make my volunteer experience a positive one, the Bradley Free Clinic agrees to:

1. Treat its volunteers with respect and appreciation for giving of their time and talents.
2. Keep volunteers safe while volunteering at the Free Clinic.
3. Provide adequate information and support from paid clinic staff.
4. Listen to and address volunteers’ concerns, ideas and suggestions.
5. Formally recognize volunteers at its annual volunteer awards ceremony.
6. Provide a way for me to secure my personal belongings when I volunteer at the Free Clinic.

I understand that if I do not follow these requirements, I may be asked not to volunteer again with the Bradley Free Clinic. I also understand that the Bradley Free Clinic is not responsible for any lost, damaged and/or stolen personal belongings or property.

The Bradley Free Clinic offers to pay for the licensing of any retired provider, including DEA licenses.

Printed Name of Volunteer

Signature

Date

MEDIA PERMISSION AND CONSENT FORM

IN consideration of services rendered and to be rendered to me, and in the public interest, I _____ (person to be photographed and/or interviewed and/or featured in a newspaper article, or if dead, his or her surviving consort, or if none, his or her next kin; and if a minor, his or her parent or legal guardian, as well as such minor) hereby give permission to the BRADLEY FREE CLINIC OF ROANOKE VALLEY, INC., its staff , agents, servants and employees, and the media to take and use anywhere photographs or picture and information of: _____ and hereby consent to their use of any lawful purpose and I hereby covenant not to sue BRADLEY FREE CLINIC OF ROANOKE VALLEY , INC. its staff, agents, servants and employees, and the media at law or in equity to restrain or prevent the taking or use thereof for damages for any injuries sustained by reason of such taking or use.

SIGNATURE: _____

DATE: _____

WITNESS: _____

WITNESS: _____

