

BRADLEY FREE CLINIC

Non-Licensed Volunteer

Information 2022

Date: _____

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

Name: (Last) (First) (MI)	Birth Date: _____ Sex: M F Gender: _____ E-mail: _____
Home Address: (street, city, state, zip)	Home Phone: _____
Place of Employment:	Cell Phone: _____
Employment Address:	Work Phone: _____
Student: <i>(please check)</i> <input type="checkbox"/> High School <input type="checkbox"/> College	Name of School: _____
Spouse/Partner Name:	Spouse/Partner Phone: _____
Emergency Contact:	Emergency Phone: _____
Recruited By:	START DATE: _____
Preferred Method of Communication : Text Call Cell Call Home Email	Social Security #: _____
AREA OF INTEREST <i>(check all that apply)</i> <input type="checkbox"/> Administrative <input type="checkbox"/> Patient Calls <input type="checkbox"/> Pharmacy Window <input type="checkbox"/> Dental <input type="checkbox"/> Fundraising/Marketing	
Days & Times of Availability: _____	
Have you ever been convicted of a crime other than a minor traffic offense? [] YES [] NO If YES, please explain: _____ _____	
<input type="checkbox"/> Attach Resume & Driver's License or Photo ID <input type="checkbox"/> Attach Immunization record and CPR certificate (if applicable)	

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

Date entered into Bloomerang: _____
Athena access: Yes/No User Name: _____
Date begin volunteering: _____
Staff Initials: _____

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

Reviewer’s Signature

Date



VOLUNTEER

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

Bradley Free Clinic may obtain information about you from a third party consumer reporting agency for volunteer purposes. **You will be notified by the Director of Operations if a background investigation is required for your volunteer role.** Thus, you may be the subject of a “consumer report” which may include information about your character, general reputation, personal characteristics, and/or mode of living. These reports may contain information regarding your credit history, criminal history, social security verification, motor vehicle records (“driving records”), verification of your education or employment history, or other background checks.

You have the right, upon written request made within a reasonable time, to request whether a consumer report has been run about you and to request a copy of your report. If required, these searches will be conducted by **FirstPoint Background Screening Resources, Inc., 225 Commerce Place, Greensboro, North Carolina 27401; Tel. No. 1.877.425.4763; www.firstpointscreening.com.**

Signature

Date

Printed Name

Date of Birth and last four of SSN

Please complete form below if you receive a regular background investigation (every 3 years) by your employer.

VOLUNTEER ATTESTATION OF REGULAR BACKGROUND INVESTIGATION by EMPLOYER

I, _____, a frequent volunteer at Bradley Free Clinic, attest that I receive a regular background check by my current employer _____.
I will notify Bradley Free Clinic if I no longer work for an employer who does regular background investigation and I wish to continue volunteering.

Signature

Date

**Bradley Free Clinic
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: (your name) _____ 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: _____

