

Date: _____

Bradley Free Clinic
Non-Licensed Volunteer Information 2023
(Please print clearly and fill in completely – thank you)

| | |
|--|---|
| Name: (Last) (First) (MI) | DOB: _____ Sex: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Transgender |
| | Preferred Pronouns: <input type="checkbox"/> she/her <input type="checkbox"/> he/him <input type="checkbox"/> they/them |
| Home Address: (street, city, state, zip) | Email Address: |
| Place of Employment: | Cell Phone: |
| Employment Address: | Work Phone: |
| Student: <i>(please check)</i> <input type="checkbox"/> High School <input type="checkbox"/> Undergrad <input type="checkbox"/> Masters <input type="checkbox"/> MD/PA/NP <input type="checkbox"/> CNA/CMA <input type="checkbox"/> RN/LPN <input type="checkbox"/> Other: _____ | Name of School: |
| Spouse/Partner Name: | Spouse/Partner Phone: |
| Emergency Contact Name: | Emergency Contact Phone: |
| Recruited By: | Start Date: |
| Preferred Method of Communication: <input type="checkbox"/> Text <input type="checkbox"/> Email <input type="checkbox"/> Call Cell <input type="checkbox"/> Call Work | Social Security Number: |
| Areas of Interest: <input type="checkbox"/> Administrative <input type="checkbox"/> Fundraising/Marketing <input type="checkbox"/> Dental <input type="checkbox"/> Medical <input type="checkbox"/> Behavioral Health <input type="checkbox"/> Pharmacy <input type="checkbox"/> Phlebotomy <input type="checkbox"/> Scribe <input type="checkbox"/> Public Health | |
| Days & Times of Availability: | |
| Have you ever been convicted of a crime other than a minor traffic offense? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, please explain: _____ | |
| Please Attach the following items: | |
| <input type="checkbox"/> Resume/CV <input type="checkbox"/> Driver's License/Photo ID <input type="checkbox"/> Immunization Record <input type="checkbox"/> CPR Certificate <i>(If applicable)</i> | |
| Significant Medical Conditions: | |
| Allergies to any medications: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list: _____ | Any other allergies: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list: _____ |
| Physician's Name, Address, and Phone Number: | |

Box below to be filled out by Bradley Free Clinic Staff

| |
|---|
| Date entered into Bloomerang: _____ Athena access: <input type="checkbox"/> Yes <input type="checkbox"/> No Athena username: _____ Staff Initials: _____ Date Began Volunteering: _____ |
|---|

Bradley Free Clinic Volunteer Agreement Form

Thank you for your interest in volunteering with Bradley Free Clinic to make sure low-income, uninsured individuals in the Roanoke Valley get the health care they deserve. The Bradley 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 strict confidentiality of Bradley Free Clinic patients, which means that I will not share any information about Bradley Free Clinic patients with anyone outside of Bradley Free Clinic.
3. Access and/or examine Bradley Free Clinic patient medical charts or other patient information only as the duties for which I offer my volunteer services 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 appropriate dress code.
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 their time and talents.
2. Keep volunteers safe while volunteering at the Bradley Free Clinic.
3. Provide adequate information and support from paid clinical staff.
4. Listen to and address volunteers’ concerns, ideas, and suggestions.

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

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 Health Administrator 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 will have the right, upon written request made within a reasonable time, to request whether a consumer report has been run about you and 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

DOB & last four of SSN

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 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 legal guardian, as well as such minor) hereby give permission to the Bradley Free Clinic of Roanoke Valley, Inc., its staff, agents, 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, and employees, and the media at law or in equity to restrain or prevent the taking or use thereof for damages or any injures sustained by taking such actions.

Printed Name of Volunteer

Signature

Date

Printed Name of Reviewer

Reviewer Signature

Date