

CCHC Volunteer Application (Please write clearly)

Application Date \_\_\_\_\_ E-mail address \_\_\_\_\_

Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work phone \_\_\_\_\_

Address \_\_\_\_\_ Apt. \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of birth \_\_\_\_\_ Social Security # \_\_\_\_\_

Emergency contact person \_\_\_\_\_ Relationship \_\_\_\_\_

Phone for emergency contact \_\_\_\_\_

Are you volunteering as part of Court ordered community service? Yes \_\_\_\_\_ No \_\_\_\_\_

PROFESSIONAL DATA

Undergrad School \_\_\_\_\_ Grad Date \_\_\_\_\_

Nursing or Medical School \_\_\_\_\_ Grad Date \_\_\_\_\_

Specialty Training and Locations \_\_\_\_\_

Board Certified \_\_\_\_\_ State & License # \_\_\_\_\_ Has your license ever been revoked? \_\_\_\_\_

CPR Certified? \_\_\_\_\_ Provide copy of card CPR Instructor certified? \_\_\_\_\_ Provide copy of card

Languages \_\_\_\_\_

Volunteer sign up is done through emails sent once weekly—as reminders and as an opportunity to sign up for future times. Some volunteers sign up once or twice a week, some once or twice a month, some bi-monthly, etc. Any time that you are able to give us is greatly appreciated.

As with all volunteers who are in contact with children or confidential medical information, you will be subject to a background check. You will be required to have a TB test which will be provided by the clinic. If you have a current TB test result, bring it with you.

“By my signature I agree that CCHC may verify the above information and do a criminal background check. I understand that CCHC retains the right to refuse my services based on the background check. I have completed this application truthfully and fully.

I also understand that if I am accepted as a volunteer, I agree to be bound by the Health Insurance Portability and Accountability Act of 1996 (HIPAA) guidelines and not reveal any patient information to anyone outside the parameters of CCHC unless such release of information is approved by the patient and a CCHC staff member.”

Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

Date \_\_\_\_\_

Contact Sandy@cchc-vim.org if you have any questions or would prefer to receive the application by e-mail. This form can also be mailed to the address above, or FAXED to 972-547-0851.