Volunteers in Action . . .
Healthcare with Passion!

Anderson Free Clinic
Volunteer Program

Volunteer Application

__ Mr. ___ Mrs. ___Miss. ___Ms. ___Dr. Date of Birth: _____

First Name: _____ Middle Initial_____ Last Name: _____

Please state your reasons for wishing to volunteer at Anderson Free Clinic (___ initial if we have your permission to share your statement on Facebook and Website):

E-mail Address: _____

Home Phone:	**Work Phone:**	**Cell Phone:**	**Emergency Contact Name, Phone, Relationship:**
_____	_____	_____	_____

Circle preferred contact number

Circle your preferred mailing address
Home Address:
Street: _____ City: _____ State: _____ Zip Code: _____

Work / School Address:
Street: _____ City: _____ State: _____ Zip Code: _____

Current Occupation: _____ Previous Occupation(s): _____

List organizations where you have worked (W) and/or volunteered (V): Circle
1. W / V _____
2. W / V _____
3. W / V _____
4. W / V _____
5. W / V _____
6. W / V _____

Have you ever been convicted of violating any laws? If yes, please explain each one:

_____

_____

_____

Before you begin your orientation / volunteer work you will be asked to complete an Anderson Free Clinic Agreement/Confidentiality Form and authorization for criminal background check

Please check all skills that apply to you:

- ☐ Patient Education groups on _____
- ☐ Patient Care (Area:_____)
- ☐ Obtaining patient vital signs
- ☐ Clerical _____
- ☐ Lab Results Interpretation
- ☐ Quality Assurance Process Improvement
- ☐ Fundraising
- ☐ Marketing
- ☐ Video production/Photography
- ☐ Accounting
- ☐ Grant writing
- ☐ Social Media (i.e Facebook, Linkedin, Twitter)

☐ Computer. What type of computer work: _____

Other Skills: _____, _____, _____ , _____

Languages Spoken: _____ ☐ Check if fluent and _____ ☐ Check if fluent

Administrative/Clerical and General

☐ Assist w/ Eligibility Screening
☐ Data Entry
☐ Patient Services Office Assistant
☐ Social Media, web related projects
☐ Assist w/ Special Events & Fundraising
☐ Video Production/Photography General Clerical work
☐ Grant writing

Patient Services:

☐ Physician
☐ Physician Assistant
☐ Nurse Practitioner
☐ Registered Nurse __Triage ___ Scheduling tests __ Pt Check out ___Chart Audit
☐ Medical Assistant (CMA)
☐ Patient Chart "pulling" or filing
☐ Help w/ Med. Referral (CMA/RN)
☐ Med. referral processing (CMA/RN)
☐ Dentist
☐ Dental Assistant
☐ Dental Hygienist
☐ Pharmacist __ Consult Patients only
☐ Pharmacist -
☐ Pharmacy Tech
☐ Pharmacy Assistant __Filler __Stock ___ Refill Line ___Open
☐ Pharmacy window
☐ Scheduling Patient Appointment
☐ Patient Education
☐ Front Office reception/phones
☐ Other: _____

Availability: ☐ Daytime – any day Tuesday-Friday ☐ Tuesday 5-7 p.m. ☐ Saturday a.m. ☐ Other _____
☐ Monday – Daytime (Clinic is closed to the public)

Frequency: ☐ Weekly ☐ Monthly ☐ Quarterly ☐ Other, as follow: _____

Duration: ☐ Ongoing ☐ From _____ to _____ ☐ Other, as follow: _____

If you are a *licensed health care professional*, please provide the following information:

Specialty: _____ **SC Board of:** _____ **National Board of :** _____

License #: _____ **Expiration Date:** _____ **PLEASE PROVIDE A COPY OF YOUR LICENSE**

DEA #: _____ **Have you been certified in another State? ☐ No ☐ Yes, at** _____

How would you best describe the settings or institutions you have worked as a Licensed Professional?
_____, _____, _____, _____

If you work in direct contact with patients we recommend that all our volunteers have the following immunizations. Please check those that you have received and enter the date:

☐ Hepatitis B vaccine. Date completed: _____
☐ Tetanus toxoid. Booster date: _____
☐ TB test. Date: _____
☐ Flu Vaccine. Date: _____

Malpractice Information

For physicians with their own, personal malpractice insurance, coverage is usually extended without additional fees to any work the physician does as a volunteer. In most cases, this simply requires that you contact your insurance company and notify them where and how often you will be volunteering. For physicians unable to extend their malpractice coverage outside of their home institution, the Anderson Free Clinic will make arrangements for a third-party insurer to provide coverage while volunteering at the Free Clinic. There is no fee incurred by the physician for this malpractice coverage. Arrangements are addressed during the credentialing process on a case by case basis.

_____ I have read AFC's Whistle Blower & Whistleblower Protection Policy and understand that AFC encourages its employees and volunteers to report suspected or actual illegal or improper activity, financial or otherwise and that the organization will not ignore any activity that is illegal or improper, whether done by a Board Member, employee or volunteer. Please initial _____