



Free Clinic of Culpeper Volunteer Application

Mr. Mrs. Miss Ms. Dr.

First Name _____ Last Name _____

Home Street Address _____

City _____ State _____ Zip Code _____

Work Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Work Phone _____

Cell Phone _____

Email Address _____

Birth Date _____ Occupation _____

In case of emergency, contact: Name _____ Phone _____

Availability - please check all that apply

Day of the week you are Available - Monday Tuesday Wednesday Thursday

9 a.m. to 11 a.m.

11 a.m. to 1 p.m.

1 p.m. to 3 p.m.

5 p.m. to 7:30 p.m. (1st & 4th Thursday evening of each month)

Other, please list _____

Frequency

Weekly

Monthly

Quarterly

Skills

RN

LPN

Computer

Counseling

Clerical

Fundraising

CPR

Other Skills _____

Language(s) spoken _____



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Please state your reason(s) for wishing to volunteer at the Free Clinic of Culpeper.

I am interested in the following volunteer opportunities for which I am qualified

- Administrative/Clerical
- Dispense Medications
- Nurse
- Nurse Practitioner
- Pharmacist
- Pharmacy Tech
- Physician
- Physician Assistant
- Other, please list _____

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

Specialty _____ Virginia Board of _____

License Number _____ Expiration Date ____/____/____

DEA Number _____

We recommend that all our volunteers have the following immunizations. Please check those that you have received and enter the date receive.

- Hepatitis B vaccine, Date series complete ____/____/____
- Tetanus toxoid, Date of last booster ____/____/____
- TB test, date of last test ____/____/____

Confidentiality Agreement

Any and all personal information about Free Clinic patients must be kept strictly confidential. Every effort must be maintained to preserve the confidentiality of our patients as would be in any other healthcare setting. Caution must be taken to avoid any act of carelessness including use of names in conversations that might be overheard by others, discussions, or situations that might be recognized.

By signing my name below, I agree to adhere to the above statement.

Volunteer Signature

Date

Free Clinic of Culpeper Staff Signature

Date