



First & Last Name	
Birth Date	
Home Address	
Home Phone	
Cell Phone	
Email Address	
Employer Occupation	
Work Address	
Work Phone	
In case of emergency: name phone	

Clinic Hours:

**Monday-Thursday, 9am-3pm,
1st and 3rd Thursday of the month, 9am-6pm**

AVAILABILITY - please check all that apply

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

- 9am to 11am
- 11am to 1pm
- 1pm to 3pm
- 3pm to 6pm (1st & 3rd Thursday evening of each month)
- Other, please list _____

FREQUENCY

- Weekly
- Monthly
- Quarterly



SKILLS

- RN LPN Computer Counseling Clerical Fundraising CPR

Other skills/languages _____

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 are up to date on all of their immunizations. Clinical Volunteers should also be current on these immunizations and tests:

- Hepatitis B vaccine
- Tetanus toxoid
- TB 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