



2520 Green Tech Drive, Ste D  
State College, PA 16803  
(814) 231-4043  
www.cvim.net

### VOLUNTEER APPLICATION

Last Name	First Name	MI	Title	Date
Address				Phone
City	State	Zip	Cellular/Pager	
Occupation				Email
Student___ Graduation Date:_____ RSVP Volunteer___				
Employer				May we contact your employer to verify your professional license and credentials? __ Yes __No __N/A
Address				Work Phone
City	State	Zip	Fax	

### VOLUNTEER POSITIONS

<ul style="list-style-type: none"> <li><input type="radio"/> Clinical Services</li> <li><input type="radio"/> Social Services/Eligibility</li> <li><input type="radio"/> Dental Services</li> <li><input type="radio"/> Special Events/Development</li> <li><input type="radio"/> Administration/Office</li> </ul>	<ul style="list-style-type: none"> <li><input type="radio"/> Community Relations</li> <li><input type="radio"/> Data Entry</li> <li><input type="radio"/> Reception</li> <li><input type="radio"/> Greeting</li> <li><input type="radio"/> Medical Records Clerking</li> </ul>
<p><b>Professional Internship:</b> If you are interested in a professional internship, indicate field and provide academic and contact information:</p>	
<p>What attracted you to Centre Volunteers in Medicine?</p>	

<p>Volunteers: Have you had a PPD (TB) test in the past year? This is required for all volunteers.  <input type="checkbox"/> Yes (attach documentation)    <input type="checkbox"/> No</p>
<p>Clinical Volunteers: Have you been vaccinated against Hepatitis B? This is optional.  <input type="checkbox"/> Yes (attach documentation)    <input type="checkbox"/> No</p>
<p>Do you require any accommodations in order to perform the duties of a volunteer in the position for which you are volunteering?          If yes, please explain:</p>
<p>Have you ever been convicted of a felony within the past five years?  <input type="checkbox"/> Yes    <input type="checkbox"/> No          If yes*, please explain:</p> <p>*Note: A conviction will not necessarily bar you from volunteering. Each conviction is judged on its own merits with respect to time, circumstances, and seriousness.</p>
<p>Clinical Volunteers: Have you ever been required by any licensing board or professional ethics body to surrender your license, or have you ever been found guilty of professional ethics codes, professional misconduct, unprofessional conduct, incompetence or negligence, in any state or country?  <input type="checkbox"/> Yes    <input type="checkbox"/> No          If Yes, please explain:</p>

**Volunteer Agreement**

1. I shall keep confidential all information that I obtain regarding patients, staff, and volunteers.
2. I shall submit to any immunizations that may be a necessary part of my volunteer service.
3. I shall be punctual and conscientious, conduct myself with dignity, courtesy and consideration of others, and endeavor to make my work professional in quality.
4. I agree to resolve any problems that may arise with the Volunteer Coordinator.
5. I shall make my best effort to fulfill my commitment to the Clinic by volunteering at least four hours per month and by completing all assignments that I accept.
6. I shall at all times uphold the philosophy and standards of the clinic.
7. I understand that the Volunteer Coordinator reserves the right to terminate my volunteer status as a result of:
  - a) Failure to comply with clinic policies, rules, and regulations.
  - b) Absences without prior notification.
  - c) Unsatisfactory attitude, work, or appearance.
  - d) Any other circumstances, which in the judgment of the Clinic staff would make my continued service as a volunteer contrary to the best interests of the Clinic.

I have read each of the above conditions and agree to be bound by them. I certify that the information I have given is complete, true and correct to the best of my knowledge and belief. I further affirm that I have not knowingly withheld any facts or circumstances in completing this application.

Signature	Date
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Clinical volunteer applications: Please include a copy of your Pennsylvania clinical license or certification. By my signature above and having checked yes to authorize contact, I grant Centre Volunteers in Medicine authorization to contact the employer, hospital, or health care facility listed on the front of this form for the purpose of verifying my professional license and credentials.

Centre Volunteers in Medicine is committed to the policy that all persons shall have equal access to programs, facilities, and employment without regard to personal characteristics not related to ability, performance, or qualifications as determined by policy or by state or federal authorities. Centre Volunteers in Medicine does not discriminate against any person because of age, ancestry, color, disability or handicap, national origin, race, religious creed, sex, sexual orientation, or veteran status.      9/04

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