



First Name: _____ Last Name: _____

Address _____

City: _____ State: _____ Zip: _____

Phone: _____ Alt: _____

Email: _____ Birthdate: (M/D/YR) _____

In Case of Emergency Please Notify: _____

Relationship: _____ Phone: _____

Current Employment Status:

Full Time Part Time Retired Seeking Employment HS Student College Student

Are you volunteering to fulfill a community service requirement? Yes No _____ hours required

What volunteer opportunity are you interested in? (Check all that apply):

- Doctor Dentist/Oral Surgery Nurse Practitioner Nurse
 Dental Assistant Hygienist Pre-Dental Assist Pre-Med Assist
 Front Desk Receptionist Admin Office Support Telephones Fundraising
 Other: _____

Which days and times of the week are you able to volunteer?

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

How long a commitment are you prepared to make?

One time 6 months 1 year On-going

How often would you like to volunteer?

Once a week Every two weeks Once a month 2-3 times a week On-call Special events

Work Experience:

Volunteer Experience:

For Office Use Only:	
Welcome	
Mail Chimp	
Orientation	
Time Log	

If I am accepted as a volunteer with St. Mary Health Center:

1. I understand and respect the confidential nature of the information I might access in performing my volunteer duties for St. Mary Health Center. I am committed to respecting the confidentiality of patients, potential patients and program participants and will not reveal the names of patients or personal information to anyone outside of St. Mary Health Center.
2. I understand the critical nature of volunteering, and I agree to uphold commitments except when health issues or other critical conflicts occur and then to provide maximum notice to St Mary Health Center so they can provide coverage. I further agree that I will discuss and/or notify St. Mary Health Center staff prior to making any changes in my volunteer schedule.
3. I pledge to use my skill to the best of my ability in rendering care or assistance to patients, or while serving in any capacity as a St. Mary Health Center volunteer.
4. I will strive to maintain a high level of compassion and understanding, and will treat all patients with respect and in a courteous manner.
5. My services are donated without contemplation of compensation or future employment and are given for humanitarian, religious or charitable reasons.
6. I shall not solicit any business for attorneys or insurance companies "for compensation", both on or off St. Mary Health Center property, or act as a runner for an attorney in the solicitation business. I shall report all known occurrences of solicitation for attorneys.
7. I shall not sell or attempt to sell goods or services, request contributions, or solicit persons to sign or distribute political petitions on St. Mary Health Center premises.
8. I shall be punctual and conscientious, conduct myself with dignity, courtesy and consideration of others, and endeavor to make my work professional in quality.
9. I shall attempt to resolve any problems related to my volunteer activities with the St. Mary Health Center Executive Director.
10. I shall make my best effort to fulfill my commitment to St. Mary Health Center by completing all assignments that I accept.
11. I shall at all times uphold the mission and standards of St. Mary Health Center.
12. I understand that St. Mary Health Center 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; or (d) any other circumstances which, in the judgment of the Executive Director or Medical Director, would make my continued service as a volunteer contrary to the best interests of the Clinic.
13. I have read each of the above conditions and I agree to be bound by them.

Volunteer Signature

Date

Parent/Guardian Signature if Volunteer under age of 18

Date