



2700 L Street
Sacramento, CA 95816
Phone: (916) 448-3976
Fax: (916) 226-9320

Return completed application to Clara's House, 2700 L Street, Sacramento, CA 95816. FAX 916-266-9320

VOLUNTEER APPLICATION FOR HEALTHCARE PROVIDERS

APPLICATION DATE: _____ Position Applying For _____

Name: _____
(Last) (First)

Address: _____
(Street) (City) (State) (Zip)

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Date of Birth (month/day) _____ Email Address: _____

I am:

- ☐ Employed
- ☐ Un-employed
- ☐ Retired

I am:

☐ Physician, Surgeon, Dentist, Mental Health professional, other _____

Medical Assistant, LVN, Nurse, Nurse Practitioner _____

School graduated: _____ Degree attained: _____ Year _____

State (s) or Country (ies) in which you are licensed to practice: _____

Specialty (ies) _____ Subspecialty: _____

Internship (PI): _____ Yr: _____ Residency (PI): _____ Year: _____

Are you in private practice? Yes _____ No _____ If yes, where? _____

How long? _____ CPR certification exp date _____

Medical license#/certification #: _____ Expiration Date: _____

Medical practice insurance carrier: _____ Expiration Date: _____

Has your license been suspended in the past five years? Yes _____ No _____

Social Security Number (optional) _____ Drivers License Number _____

This information is used for background checks and to verify your identity. This information is held in strictest confidentiality and is not shared with anyone

Professional Employment/Work Experience: (List most recent employment first)

Place of employment	Hospital Affiliations	Start date	End date	Responsibilities

What Languages do you speak? _____

Special skills, and/or training _____

What interests you about volunteering at Clara's House?

Regular scheduled volunteers commit to a minimum of 4 hours per week and 6 months duration.

Availability

Time available for volunteer occupation hours _____ per week

I would prefer: a regular schedule_____, a flexible schedule_____, on call as needed
schedule_____

Please let us know the best days and hours of the week for you: (9AM-1PM, 1PM-5PM)

Hours	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
AM							
PM							

EMERGENCY NOTIFICATION

Name of Volunteer_____

Name of Party to be notified in emergency_____

Address_____

Telephone (day_____ (eve) _____

Doctor's Name_____

Doctor's phone number_____

Hospital or HMO & Emergency #_____

REFERENCES

Name_____

Address_____

City/State_____

Email_____

Telephone (day) _____

Name_____

Address_____

City/State_____

Email_____

Telephone (day) _____

Please enclose copies of current medical license, diploma from medical school, post graduate training certificate, specialty board certificate, if available.

Thank you for your interest in volunteering at Clara's House!

PLEASE READ CAREFULLY AND SIGN

I certify that the information in this application is true. I understand that falsification of any information in this application, discovered at any time before, during, or after I begin my position as a volunteer at Clara's House may lead to my termination.

I hereby authorize Clara's House Volunteer Coordinator to verify, obtain copies of records and gather any information pertaining to my submitting a volunteer application with Clara's House. My signature on this application authorizes Clara's House Volunteer Coordinator to request written verification as needed.

The receipt of this application does not imply that I will be offered a position as a volunteer. If accepted as a volunteer, I agree to comply with established rules, policies and procedures. This includes, but is not limited to, those which relate to confidentiality, and universal precautions.

I understand my volunteer position with Clara's House means volunteering at Clara's House discretion; my volunteer position can be terminated at any time with or without cause, and with or without notice at the option of Clara's House Volunteer Services myself.

Applicant's Signature_____ **Date**_____

VOLUNTEER CODE OF ETHICS

As a CLARA'S HOUSE VOLUNTEER, I AGREE TO:

Keep confidential all information I may learn directly or indirectly about a patient or fellow volunteer unless legally obligated to do otherwise. I will only seek information on a client that is important to the performance of my assigned tasks.

Treat all patients, staff and fellow volunteers with dignity, courtesy and respect.

Celebrate and embrace the diversity of patients, staff and volunteers, regardless of cultural or language barriers, economic status, physical handicap, or religious preference.

Arrive on time for scheduled shift or notify the CLARA'S HOUSE VOLUNTEER COORDINATOR ASSISTANT as soon as possible if I am unable to maintain my commitment to volunteer as scheduled.

Regular scheduled volunteers commit to a minimum of 4 hours per week and 6 months duration.

Bring an attitude of open-mindedness and willingness for training and supervision.

Complete all assigned tasks with a commitment to quality.

Present a professional image and demeanor to patients, staff and fellow volunteers.

Discuss any problems, issues or suggestions with the Volunteer Coordinator Assistant

Adhere to CLARA'S HOUSE policies and guidelines.

Volunteer Signature

Date

Print Volunteer Name

PLEASE READ CAREFULLY

I AM WILLING TO UPHOLD THE PURPOSE OF VOLUNTEER SERVICES which is to render service and support to CLARA'S HOUSE, patients, and community served by CLARA'S HOUSE in accordance with the objectives established by CLARA'S HOUSE. IF ACCEPTED AS A CLARA'S HOUSE VOLUNTEER, I AGREE THAT I will hold as absolutely confidential all information that I may obtain directly or indirectly concerning patients, doctors, or personnel, and not seek to obtain confidential information from a patient. MY SERVICES ARE DONATED to CLARA'S HOUSE without payment or promise of future employment. FURTHER, I AGREE THAT I will sign in and out in the appropriate method for all hours volunteered.

CLARA'S HOUSE reserves the right to release a Volunteer for:

- ☐ Failure to comply with clinic policies, rules and regulations.
- ☐ Unsatisfactory attitude, work or appearance.
- ☐ Continuous absences without prior notification
- ☐ Breach of confidentiality.

Clara's House agrees to:

1. Provide adequate training and orientation for volunteers in our procedures, policies and organization.
2. Provide a person to coordinate volunteer activities, training, evaluation and respond to volunteer issues and grievances.
3. Keep a personnel file on each volunteer containing volunteer information sheets, signed statements, and other confidential materials, which would be available to the volunteer by arrangement.
4. Serve as a reference upon request.

Applicant's Signature _____ **Date** _____

Parental/Guardian permission required for volunteers less than 18 years of age. I undersigned parent or legal guardian of the child named above, do hereby give permission for this child to perform volunteer service with Clara's House Volunteer Services.

Parent/Guardian Signature _____ **Date** _____