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St. Luke's Free Medical Clinic Volunteer Information Form

Name (Print) _____ Date _____

Address _____

Home Phone _____ Work Phone _____

Cell Phone _____ Other (specify) _____

Email _____

**A SLED BACKGROUND CHECK WILL BE CONDUCTED ON ALL
VOLUNTEERS. There is an \$8.00 fee for the background check.**

SSN _____ DL _____

DOB _____ SEX: Male ___ Female ___

How did you learn about the volunteer opportunity at St. Luke's?

Professional licensure:

- | | |
|------------------------------|--------------------------------------|
| <input type="checkbox"/> MD | <input type="checkbox"/> RPH |
| <input type="checkbox"/> NP | <input type="checkbox"/> PHARM TECH |
| <input type="checkbox"/> PA | <input type="checkbox"/> CNA |
| <input type="checkbox"/> RN | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> LPN | |

Please describe/ specify your skills and years of experience in each area listed below:

Computer (programs include): _____

Administrative/ clerical: _____



- Medical office reception: _____
- Medical office records: _____
- Pharmacy: _____
- Other: _____

General hours/ days available (hours are typically flexible, depending on position):

- Mornings Mon Tues Wed Thurs Fri
- Afternoons Mon Tues Wed Thurs Fri
- Evenings Mon Tues Wed Thurs Fri

How often would you be willing to volunteer?

- Weekly
- Bi-weekly
- Monthly
- Other _____

Please indicate the times of year you are willing to commit to volunteer service with St. Luke's (i.e. any time, summers only, school year, etc.)

Why do you want to volunteer with St. Luke's?

Please read the following statement and sign below:

- I will notify St. Luke's if I am unable to report for my volunteer duties on an assigned day.

Signed (your name) _____



In order to be considered for volunteer positions, an individual may not be an active/recent patient at St. Luke's or may not have family members who are active/ recent patients. Active/recent patient is defined as a patient who has received services at St. Luke's within the last 12 months.

Are you or a family member an active/ recent patient at St. Luke's? yes _____ no _____

St. Luke's Free Medical Clinic

CONFIDENTIALITY OF PATIENT RECORDS AND PATIENT INFORMATION

Confidential information is defined as privileged information found in a patient's medical record. All information relating to a patient's care, treatment, condition, or in information contained in the patient's record constitutes confidential information.

Employees or volunteers shall **never** discuss a patient's condition or financial circumstances with friends or family members or other outside individuals. Disclosure that a patient is seen in our clinic could also indicate the nature of the patient's circumstances, and therefore, should not be release without proper authorization.

Every effort should be made to protect patient confidentiality. Any discussion of patient information is subject to discharge from employment or volunteer service in the Clinic.

**I HAVE READ AND AGREE TO THE ABOVE POLICY RELATING TO
CONFIDENTIALITY OF PATIENT RECORDS AND PATIENT
INFORMATION.**

Employee / volunteer signature

Date