



## GENERAL VOLUNTEER APPLICATION FORM

**Thank you** for your interest in volunteering with the Coachella Valley Volunteers in Medicine Clinic! Our **mission** is to provide no-charge, primary health care services to medically underserved people residing in the Coachella Valley. We do this through predominately through the provision of primary medical and dental care, though certain medical specialty services are also provided.

We rely on the time and talents of volunteers to complete a variety of tasks to keep the clinic operating efficiently. We ask those who **accept** a volunteer position with CVVIM to commit to a minimum of 5 hour shift, 2 shifts per month for an initial three month period. Before receiving a volunteer assignment, each candidate must complete:

- A personal interview
- 1 hour of orientation & training
- Attend ongoing volunteer meetings as scheduled
- Be at least 18 years old
- Authorize a background check - we ask for a \$10 donation to offset expense
- Sign a Service Commitment form - minimum 5 hour shifts, 2 shifts per month
- Complete HIPAA training and sign the Confidentiality Agreement
- Maintain proper dress code – scrub top, choice of bottoms (no ripped or low rise jeans)
- CVVIM logo scrub top available for \$20 purchase

Please consider these requirements carefully before deciding to become a volunteer.

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Date of Application: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_ Birthdate: \_\_\_\_\_

### Emergency Contact Information:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Primary phone number: \_\_\_\_\_ Alternate Phone Number: \_\_\_\_\_

Are you related to anyone who is currently a patient at CVVIM? \_\_\_\_\_ Yes \_\_\_\_\_ No

## NON-LICENSED VOLUNTEER APPLICATION FORM

Are you currently (check all that apply)?

- Student, High School Health Academy, where: \_\_\_\_\_
- Student, College (Major course of study) \_\_\_\_\_
- Certification Practicum Extern
- Employed, Full-time Employer: \_\_\_\_\_ Charitable Match Program?  Y  N
- Employed, Part-time Employer: \_\_\_\_\_ Charitable Match Program?  Y  N
- Unemployed
- Retired, Industry/type of work \_\_\_\_\_
- Other, explain \_\_\_\_\_

### Education

Highest grade level completed? \_\_\_\_\_

Certificates/Licenses Granted: \_\_\_\_\_

**Interests** What is (are) your primary reasons for volunteering with CVVIM (check all that apply)?

- Be of service to others
- Use experience/skills
- Learn new skills
- Help organization's growth/operations
- Gain work experience
- Expand social circle
- Explore career options
- Other

### Skills

Please indicate your experience/skills that might be especially helpful to CVVIM operations

- Excel
- Access
- Medical Terminology
- Medical Chart Management
- Scheduling
- Customer Service
- Data Entry
- Medical Interpreter
- Other \_\_\_\_\_

Are you Bi-lingual? \_\_\_\_\_ If yes, which language(s)? \_\_\_\_\_  
Speak?  Yes  No      Read?  Yes  No      Write?  Yes  No

### Shift Availability

- Tuesday
- Wednesday
- Thursday
- Friday
- Saturday

### Desired Frequency

- As needed (any time)
- 1-2 shifts per week
- 1-2 shifts per month

### Volunteer Activity Desired at CVVIM

- Front Desk/Reception
- Medical Translator (Spanish)
- Medical Assistant
- Medical Scribe
- Transportation
- Fundraising/special events
- Health Fairs
- Dental Assistant
- Data Entry
- Special Projects
- Street Medicine
- Other: \_\_\_\_\_

When completed, please mail to PO Box 10090, Indio 92202, or scan and email to [info@cvvim.org](mailto:info@cvvim.org), or drop off at the Clinic, located at 82915 Avenue 48, Indio 92201. Thank you and we look forward to meeting you soon!