



NON-LICENSED VOLUNTEER APPLICATION FORM

Thank you for your interest in volunteering with the Coachella Valley Volunteers in Medicine Clinic!

The **mission** of the Coachella Valley Volunteers in Medicine is to provide no-cost primary health care service to medically underserved people residing in the Coachella valley.

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 purchase

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

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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

Gain work experience

Use experience/skills

Expand social circle

Learn new skills

Explore

career options

Help organization's growth/operations

Other

Skills

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

Excel

Medical Chart Management

Data Entry

Access

Scheduling

Medical Interpreter

Medical Terminology

Customer Service

Other _____

Are you Bi-lingual? _____ If yes, which language(s)?

Speak? Yes No

Write? Yes No

Read? Yes No

Shift Availability

Tuesday Friday
time)

Wednesday Saturday

Thursday

Desired Frequency

As needed (any

1-2 shifts per week

1-2 shifts per month

Volunteer Activity Desired at CVVIM

Front Desk/Reception

Data Entry

Medical Translator (Spanish)

Special Projects

Medical Assistant

Street Medicine

Medical Scribe

Other: _____

Transportation

Fundraising/special events

Health Fairs

Dental Assistant