



143 Church St.
Phoenixville, PA 19460
610-935-1134 ext. 33
www.theclinicpa.org

VOLUNTEER APPLICATION FORM

Thank you for your interest in volunteering for The Clinic!
We ask that you complete and sign this application as a first step to becoming a volunteer at The Clinic.

Date: _____

How did you hear about us? _____

Are you, a relative, or family member currently being served by The Clinic? Yes No

Have you worked or volunteered at The Clinic before? Yes No If yes, from _____ to _____

Name: _____

Email Address: _____

Home Address: _____ Zip: _____

Cell Phone: _____ Home Phone: _____

Please tell why you want to be a volunteer at The Clinic and what you would like to gain from your experience? _____

Please note any physical limitations: _____

Other Language(s): _____ Proficiency: native speaker fluent conversational

Education/Professional License/Certification (Non-Healthcare Professionals):

Education/Degree/Year: _____

Are you currently a student? Yes No Full-time Part-time

Degree Sought: _____ Major: _____ Anticipated Graduation Date: _____

Licensed or Certified Health Professional Data (if applicable)

PA License or Certification type _____

PA License/Certification # _____ Expiration Date _____

NPI Number _____ DEA Number _____

Date of Birth _____ Social Security # _____

Postsecondary/Undergraduate School _____

Program/Degree _____ Year of Graduation: _____

Medical/Graduate/Professional School _____

Program/Degree _____ Year of Graduation _____

Are You Board Certified? _____ Professional Specialty _____

Are You a Member of a Hospital Staff? _____ Name of Hospital _____

Practice Status: Active Retired If Retired, last date of Practice _____

Do You Have Malpractice Insurance Coverage? _____ (please provide copy of certificate of insurance)

Have you ever been involved in a Malpractice action? _____ If YES, attach documentation.

PPD Status _____ HBV Status _____

Interest and Availability:

Please check the day(s) you are available: Mon. Tues. Wed. Thus. Fri.

Please check the time(s) you are available: 8:45-noon 12:45 -4:00 other: _____

How often would you like to volunteer?

1 time per week several times per week 1-2 times per month every other week

Time commitment?

3 months 6 months 1 year School year Summer other: _____

What volunteer opportunities interest you?

- | | | |
|---|--|---|
| <input type="checkbox"/> Front Desk/Reception | <input type="checkbox"/> Scheduling/Records | <input type="checkbox"/> Phlebotomist/Lab Tech |
| <input type="checkbox"/> Data Entry | <input type="checkbox"/> Social Media/Internet | <input type="checkbox"/> Nurse/Medical Assistant (RN/LPN/EMT) |
| <input type="checkbox"/> Marketing | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Physician |
| <input type="checkbox"/> Translator | <input type="checkbox"/> Medication Assistance | <input type="checkbox"/> Ancillary Healthcare Provider (APRN, PA-C) |
| <input type="checkbox"/> Facilities | <input type="checkbox"/> Business Office | <input type="checkbox"/> Holistic Health |
| <input type="checkbox"/> Volunteer Office | <input type="checkbox"/> Special Projects | <input type="checkbox"/> Behavioral Health |

Most Recent Employment: (please attach CV or resume if available)

Date Started	Date Ended	Employer	Position

Volunteer Experience:

Date Started	Date Ended	Organization	Position

Personal references:

Please list two people who know you well and can attest to your character, skills, and dependability.

Name: _____

Phone: _____

Name: _____

Phone: _____

Criminal History:

Have you ever been convicted of a crime? Yes No Explanation: _____

The information contained in this application is correct to the best of my knowledge.

Signature: _____

Date: _____