Volunteer Application

Thank you for your interest in volunteering with Harmony Health Clinic.

Volunteers play a vital role in the care of our patients. All volunteer applications are reviewed with consideration of current volunteer opportunities. The private information you provide will be stored in confidence, and your completed form will be held securely and confidentially. Only authorized staff will have access to your private information.

Personal Details

Name:_____ Mr. ☐ Mrs. ☐ Miss ☐ Ms. ☐ Dr. ☐

Mailing Address: _____

City, State, Zip: _____

Telephone: (Mobile) _____ May we text you?: ☐ Yes ☐ No

Telephone: (Home/Office) _____

E-Mail(s): _____

Birthdate: _____
Day / Month / Year

If you are involved with us as a volunteer and an emergency arises, whom should we contact?

Name: _____ Relationship: _____

Telephone: (Home) _____ (Mobile) _____

HIPAA

Due to volunteer roles having direct contact with patients, you will be required to complete a HIPAA Training, which will be paid for and provided by Harmony Health Clinic (if not already trained/certified).
Are you currently HIPAA Trained/Certified? ☐ Yes ☐ No

If you answered yes, please provide a copy of your certification with application.
If you answered no, would you be willing to become certified? (free of charge) ☐ Yes ☐ No

Equal Opportunity

Harmony Health Clinic is committed to equal opportunities and all volunteer recruitment decisions will be based on merit, suitability for the role, and experience. All volunteer recruitment decisions will not be influenced by race, color, nationality, religion, sex, marital status, family status, sexual orientation, disability, or age. Harmony Health Clinic fully endorses a working environment free from discrimination and harassment.

Your Skills and Interests

1. What kind of volunteer work interests you?

CLINICAL (You must be trained/licensed to do this work)

- ☐ Medical Attending Role (MD, APRN)
- ☐ Medical Student
- ☐ Resident, International Medical School Graduate
- ☐ Clinic Coordinator
- ☐ Nurse
- ☐ Front Desk/Greeter/Screener
- ☐ Mental Health/MSW
- ☐ Physical Therapist
- ☐ Committees
  - ☐ Development/Fundraising
  - ☐ Clinical Advisory Committee
  - ☐ Volunteer Recruitment
- ☐ Interpreter/Translator
  - ☐ Spanish
  - ☐ Other Language: _____
- ☐ Dentist
- ☐ Dental Hygienist
- ☐ Dental Assistant
- ☐ Lab Director
- ☐ Phlebotomist
- ☐ Pharmacist
- ☐ Pharmacy Technician
  - ☐ Special Events
  - ☐ Bollywood Nights
  - ☐ World Cheese Dip Comp.
- ☐ Other _____

2. Have you volunteered at Harmony before? **Yes** ☐ **No** ☐

If you answered yes, please tell us a little about the experience.

References

1.

Name: _____ Relationship: _____

Place of Work: _____ Position: _____
(If applicable)

Telephone: (Home) _____ (Mobile) _____

E-Mail: _____

2.

Name: _____ Relationship: _____

Place of Work: _____ Position: _____
(If applicable)

Telephone: (Home) _____ (Mobile) _____

E-Mail: _____

Is there any additional information you would like to bring to our attention?

I declare that the information I have provided is true. All of my actions as a volunteer will reflect the mission of Harmony Health Clinic.

Please provide a copy of your photo ID (driver's license or Medical Student ID).

Signed _____ Date _____

Medical Credentialing (if applicable)

Name License is Under (if different than above):_____

Arkansas License Number: _____ Expiration Date:_____

DEA Number: _____ NPI Number: _____

Current Clinic/Hospital Affiliations; Hospitals should be where you have active privileges:

_____

Medical/Dental Training (if applicable):

School: _____

Degree: _____

If you are a student, expected graduation year: _____

Specialty:_____

Internship: _____ Residency:_____ Fellowship:_____

Other Applicable Education or Training: _____

_____

Current Employer: _____

Employer Address: _____

Employer Contact Person:_____

I release from liability all representatives of HHC for acts performed to verify my eligibility and credentials to volunteer as well as all individuals and/or organizations who provide information concerning my licensing and qualifications.

Signature: _____ Date:_____

For office use only	Notes
Volunteer Position _____	
Volunteer Interview _____	
Volunteer Role Description sent _____	
References Collected _____	
Volunteer Start Date _____	