

Hope Family Health Center
 2332 W. Jordan Rd. McAllen, Texas 78503
 Telephone: 956-994-3319 ♦ Fax: 956-971-9377
 Email: Clinicahope@sbcglobal.net

Volunteer Application

Name: _____ Date of Application: _____

Address: _____ City: _____ Zip: _____

Home: _____ Work: _____ Fax: _____ Email: _____

In case of emergency please contact: _____ Telephone: _____

Bilingual Spanish Only English Only **DOB:** _____ **Marital Status:** _____

Profession/area of interest:

Medical:	Counseling:	Administrative Support:	Student Interns & Volunteers:
<input type="checkbox"/> Physician	<input type="checkbox"/> Psychologist	<input type="checkbox"/> Receptionist	<input type="checkbox"/> Pre-Med <input type="checkbox"/> PA Student
<input type="checkbox"/> Psychiatrist	<input type="checkbox"/> LCSW/LMSW	<input type="checkbox"/> Clerical	<input type="checkbox"/> NPN <input type="checkbox"/> BSN, RN, LVN
<input type="checkbox"/> Physician Assistant	<input type="checkbox"/> LPC	Development:	<input type="checkbox"/> MA, MT, CNA Student
<input type="checkbox"/> Nurse Practitioner	Social Services:	<input type="checkbox"/> Board of Directors	<input type="checkbox"/> Pharmacology Student
<input type="checkbox"/> Nurse	BSW, LBSW	<input type="checkbox"/> Public Relations	<input type="checkbox"/> Occupational Therapy Student <input type="checkbox"/> Dietetic/Nutrition Student
<input type="checkbox"/> Pharmacist		<input type="checkbox"/> Fundraising	<input type="checkbox"/> MSSW Student Intern
<input type="checkbox"/> Medical Assistant, CNA			<input type="checkbox"/> BSW/Social Services Student

Professional License number & Type (if applicable): _____ Expiration Date: _____

Do you have: Up-to-date Hepatitis B vaccinations: _____ Up-to-date TB Test: _____

Educational Background: _____ Previous related experiences: _____

How did you hear about HFHC? _____

Volunteer Agreement

As a volunteer, I agree

- To be on time and if unable to work on the day/time assigned,
 - Medical volunteers will find, as a replacement, another registered medical volunteer with the same capabilities/qualifications to work in my place.
 - Counseling volunteers/interns must reschedule clients for a later date/time.
- To advise the volunteer coordinator if I am no longer able to volunteer. As a professional courtesy I will provide two weeks notice.
- To cooperate with the staff, accept the guidance of the administrative team and bring concerns to the administrative team.
- To stay informed of Hope Family Health Center policies and procedures.

Confidentiality Policy

Medical and social information regarding patients and their families is confidential. The right of privacy of patients and their families will be strictly observed. Staff/volunteers will not discuss a patient's identity, diagnosis, or condition with persons inside or outside of the clinic except as follows:

- Staff/volunteers may discuss within the clinic a patient's identity, diagnosis, and/or condition with other staff/volunteers and appropriate service providers (i.e. physicians, case managers, and other medical personnel,) as needed for proper care of the patient or protection of the providers.
- Written permission will be obtained before information or copies made of medical records to be given to other offices or agencies. The exception is information required in forms for reporting to government agencies.
- All questions of a medical nature must be referred to medical professional.

Patient's records will be kept in a locked area at all times when not in use and protected so that information is visible only to appropriate personnel. Patient information in the computers will likewise be protected and not accessible to persons from outside the clinic. Staff/volunteers are required to sign a confidentiality statement stating their willingness to comply with this policy.

As an employee/volunteer, I agree to respect the rights of confidentiality of all Hope Family Health Center patients and clients. Violations of confidence could result in termination and possible legal action. By signing below, I also agree to the terms of the above volunteer agreement.

Signed: _____ Date: _____