



Canyon County Community Clinic

Volunteer Form

Name (Last, First M.I.) please print _____ Home Phone # _____

Street or Mailing Address _____ Email Address _____ Work Phone # _____

City _____ State _____ Zip _____ Cell/Mobile Phone # _____

Employer _____ Occupation _____ Date of Birth (m/d) _____

Previous Work Experience _____

Volunteer Experience _____

Affiliated with a local church? If yes, name of church _____

How did you hear about us? _____

Two References (Not Relatives)

Full Name _____ Full Name _____

Address _____ Address _____

Phone # _____ Phone # _____

Indicate the day(s) of the week on which you can volunteer:

- Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Indicate the time of day you are available to volunteer:

- Mornings Afternoons Evenings Anytime

Indicate your areas of interest and / or expertise:

- Clinic Provider Intake/Eligibility Social Worker Counselor
- Clinic RN Dentist Handyman Translator
- Clinic Pharmacist Dental Hygiene Computer Technology Prayer Partners
- Clinic Pharm.Tech Dental Asst. Warehouse Assistant Transport
- Other: _____

I, _____, hereby state the above information is correct.
print name

Signature of Volunteer Applicant _____ Date _____

Title 39 Health and Safety Chapter 77 Volunteer Health Care Provider Immunity From Liability for Health Care Providers Providing Charitable Medical Care - "Any Health care provider who voluntarily provides needed medical or health care services to any person at a free medical clinic without compensation...shall be immune from liability for any civil action arising out of...such...service."

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Canyon County Community Clinic

Volunteer Code of Conduct and Confidentiality Agreement

As a Volunteer of Canyon County Community Clinic, I am in agreement with the following vision statement, and will conduct myself in accordance with the following standards.

Vision of Canyon County Community Clinic:

I agree to serve as a volunteer and commit to the following:

1. To perform my volunteer duties to the best of my ability
2. To adhere to the rules and procedures, including record keeping requirements and client confidentiality
3. To meet time and duty commitments, or to provide adequate notice so that alternate arrangements can be made
4. To act at all times as a member of the Canyon County Community Clinic team, responsible for accomplishing the mission.

I promise to treat each patient as the most important patient in my care, attending promptly to his or her needs and concerns: acting always in his or her best interest.

I promise to be attentive, patient and kind; understanding that patients and families are in a stressful situation and an unfamiliar environment.

I promise to greet patients, families, visitors and co-workers with a warm welcome and genuine smile.

I promise to offer assistance to those in need whether it is answering a question about directions from a customer or lending a hand to a co-worker needing help.

I promise to invite service comments and concerns, responding immediately to customer dissatisfaction with a sincere apology and offer to remedy the situation.

I promise to honor the intent of donated materials and follow established protocol in all areas, including those regarding my own personal needs.

I promise to conduct myself in a Christian manner consistent with the vision of Canyon County Community Clinic.

This promise of compassionate service is based on the Canyon County Community Clinic desire to treat all individuals with dignity, respect and empathy, placing the needs of those we serve above our own.

I recognize that as a volunteer I will come to know confidential information found in a hospital setting. I will not disclose or discuss such privileged information to anyone. I will not reveal names of patients, nor visit a patient I know unless that information has come to me outside of clinic records. Any specific patient and physician medical information will not be discussed in any public area of the clinic, or outside of the clinic.

I understand that any breach of confidentiality will result in the termination of my volunteer position.

Signature

Date