

PLEASE RETURN FORM TO: **SHENANDOAH COMMUNITY HEALTH CLINIC**  
(Shenandoah County Free Clinic and Shenandoah Dental Clinic)  
124 Valley Vista Dr., Woodstock, VA  
540-459-1700

**Volunteer Service Application for Medical or Dental Clinic**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Professional License # (if applicable) \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Can we share your contact numbers with other **Volunteers?** (*not* clients) YES or NO

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Phone Number: \_\_\_\_\_ May we call you at work? \_\_\_\_\_

Email Address: \_\_\_\_\_ Best time to contact you? \_\_\_\_\_

Congregation or Group Affiliation (if applicable): \_\_\_\_\_

Emergency Contact Information:

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Do you speak a Foreign Language? \_\_\_\_\_ If yes, which language? \_\_\_\_\_

Have you volunteered previously? Yes No

If “yes”—WHAT ORGANIZATION(S)? WHEN? RESPONSIBILITIES?

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What other work/recreational experience do you have that might be helpful in a business or healthcare setting?

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Please tell us your preferred days of the week and times you would be available to volunteer?

<u>Monday</u>	<u>Tuesday</u>	<u>Wednesday</u>	<u>Thursday</u>	<u>Friday</u>
AM	AM	AM	AM	AM
PM	PM	PM	PM	PM
			EVENING	

How often would you like to volunteer? \_\_\_\_\_/wk \_\_\_\_\_/month

Please list two references we may call who are **NOT** family members:

1.) Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Relationship: \_\_\_\_\_ Number of Years Acquainted: \_\_\_\_\_

2.) Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Relationship: \_\_\_\_\_ Number of Years Acquainted: \_\_\_\_\_

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

- To perform my volunteer duties to the best of my ability
- To adhere to *Shenandoah Free Clinic* policies and procedures, including recordkeeping requirements and confidentiality of agency and client information
- To meet time and duty commitment, or to provide adequate notice so that alternate arrangements can be made
- To act at all times as a member of the team responsible for accomplishing the mission of the agency

I hereby give my consent for the Shenandoah Free Clinic to contact my references; to contact my employers, past and present. I understand that the above information is voluntarily supplied and may be used and disclosed for Shenandoah Free Clinic purposes and that as a Clinic Volunteer, I am not paid for my services.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Thanks to people like you, hundreds of our neighbors receive healthcare through the clinic each year! Thanks for caring for our community.

### FOR OFFICE USE ONLY

Attended Orientation: \_\_\_\_\_

Signed Confidentiality Statement \_\_\_\_\_

Added to Database: \_\_\_\_\_

References Contacted: \_\_\_\_\_

Start Date: \_\_\_\_\_