**GOOD SAMARITAN CLINIC
VOLUNTEER APPLICATION
Business Line: (828) 212-4180 305 West Union Street. Morganton, NC 28655**

NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ BIRTHDATE \_\_\_\_/\_\_\_\_/\_\_\_\_ EMAIL \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CITY \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ZIP \_\_\_\_\_\_\_\_\_\_\_\_\_
HOME PHONE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ WORK \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CELL \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
EMPLOYER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  RETIRED \_\_\_\_\_/\_\_\_\_\_ FROM \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
EMERGENCY CONTACT \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ RELATIONSHIP \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
EMERGENCY CONTACT PHONE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CELL \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**REFERENCES** (List two professional and one personal reference) No relatives, please.

Name Business Phone GSC Called

1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_/\_\_\_\_\_\_

2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_/\_\_\_\_\_\_

3.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_/\_\_\_\_\_\_

Office Use:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**JUNOIR VOLUNTEERS ONLY (Under 18 years of age)**GSC hosts two annual special events: The Good Race 8K & Relay, in the spring, and The Annual Golf Tournament, in the fall. These events, along with special service projects, are perfect ways for teenagers to get involved in volunteer work. Volunteering is an opportunity for teenagers to give service to our patients and in return, gain valuable work and educational opportunities. The Volunteer Coordinator will keep record of volunteer information to provide a reference when requested by a volunteer applying for paid work. Volunteers under 18 are not to leave Burke Mission Station with anyone other than a parent or guardian.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_
Volunteer Date

I give permission for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to participate as a Volunteer at Good Samaritan Clinic.

**Parent/Guardian Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**MEDICAL PROFESSIONAL VOLUNTEERS ONLY** PHY Specialty\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  PA  FNP  LPN  RN  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type of License\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ License # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State Issued  NC or \_\_\_\_\_\_\_\_
Liability Insurance Coverage with\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ coverage \_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

GSC carries liability insurance on non-physician employees and volunteers including pharmacists, registered nurses, LPN, phlebotomists, techs, and clerical. GSC ***does not*** insure physicians, nurse practitioners, physician assistants, certified registered nurse anesthetists, certified nurse midwives, psychotherapists, licensed clinical social workers, podiatrists, chiropractors, and dentists.
If you are not covered by our insurance, GSC must have a current copy of your liability insurance and receive an updated copy yearly for our records.

***GSC Hours: Monday-Thursday 8:30 am to 5:30 pm
Evening Specialty Clinics: Tuesdays & Thursdays 5:30 pm to 8:30 pm*** *I would like to volunteer:*  Monday  Tuesday  Wednesday  Thursday
 Daytime Hours\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Tues/Thurs Evenings \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
*Special Events:  Fall Golf Tournament  The Good Race*
**OFFICE SUPPORT:
 Receptionist  Screening  Medical Records  File Maintenance  Pharmacy Support
 Interpreter: Languages Spoken: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **I recognize that Good Samaritan Clinic has the following requirements:**

1. **Protection of patient confidentiality. In connection with my activities as a volunteer at Good Samaritan Clinic, I agree to hold all information I may have access to about patients confidential and will not divulge any information to unauthorized persons. (everyone)**
2. **Protection of myself, other staff, and volunteers by using universal precautions; such as hand washing. (everyone)**
3. **Safely disposing of all sharp objects and hazardous wastes. (medical volunteers)**
4. **Utilizing standard infection control procedures against disorders such as chickenpox, tuberculosis, rubella and diarrheal illness. (medical volunteers)**
5. **Reporting all injuries and incidents to the clinic coordinator. (everyone)**
6. **For the protection of your health, we strongly recommend that you remain up-to-date with the following. Please mark if you are current and provide documentation for your chart. (everyone)**
* **PPD Test within the last 12 months and must be completed annually Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_**
* **MMR:  Vaccine  Immune by titer**
* **Varicella:  Vaccine  Immune by titer**
* **Hepatitis B Vaccine series: Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_**

**I have answered these questions truthfully and to the best of my ability. (everyone)
I will immediately notify the Executive Director of any change in my medical licensure or any suspension of privileges. (medical volunteers)**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_**

**VOLUNTEER CODE OF ETHICS:**

**As a volunteer, I understand that I am subject to a code of ethics similar to that of GSC employees. I accept the duties and responsibilities of my volunteer position and pledge to accomplish them. I further understand that my work complements the work of the paid staff, and I agree to work without monetary compensation.**

**As a volunteer I will:**

1. **Promise to be dependable and if I am unable to keep my commitment, I will notify the appropriate person.**
2. **Respect confidential information and read/sign the Confidentiality Consent form.**
3. **Understand the need for and accept diversity in the workplace.**
4. **Agree to a performance evaluation.**
5. **Accept the policies and procedures of Good Samaritan Clinic.**
6. **Freely share information with my supervisor or administrator.**
7. **Be a liaison between Good Samaritan Clinic and the community.**

**As a volunteer I can expect to:**

1. **Be treated as a valued volunteer.**
2. **Have an appropriate job assignment.**
3. **Learn about Good Samaritan Clinic.**
4. **Receive adequate training, supervision, recognition, and evaluation.**
5. **Feel free to share information with my supervisor/administrator.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_
Volunteer Supervisor/Administrator**

**GSC Mission Statement**

**Good Samaritan Clinic is an interdenominational Christian ministry providing free medical care, medications and mental health support to Burke County residents who are without government assistance, private insurance or the financial resources to afford such care.
It is the intention of our volunteers and professional staff to assist those who are making a sincere effort to help themselves and their families. The clinic is committed to honoring the God-given dignity and value of all people regardless of race, color, or creed. Our goal is to promote the physical, emotional and spiritual health of those who need our care.
It is further intended that this clinic be a place in which the people of Burke County who are in need are provided with more than episodic care. Preventative medicine, patient education and health maintenance are delivered in a caring and Christian environment.
I have and agree with the intention and commitment of Good Samaritan Clinic set forth by their Mission Statement.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_
Volunteer *Thank you & God Bless!***