



Clearwater Free Clinic Volunteer Application

DEMOGRAPHIC INFORMATION

Name:

Address:

State:

Zip:

Phone Number:

Email Address:

Date of Birth:

EMERGENCY CONTACT INFORMATION

Name:

Relationship:

Phone Number:

Alternative Phone Number:

Email Address:

REASON FOR VOLUNTEERING

Explain your reason for wanting to volunteer at the Clearwater Free Clinic.

VOLUNTEER INFORMATION

What Type of Volunteer:

Clerk

Medical Student/High School Student

Doctor/Physician

Pharmacist/Pharmacy Tech

Nurse/Nurse Practitioner/PA

Special Events/Fundraising

Date Available to Start:

Volunteer Frequency:

Once a month

Multiple times a week

Once a week

Every other week

Other (please detail):

Note: The Clearwater Free Clinic is only open Monday through Thursday, from 8:30 AM to 5:30 PM. Please make the following selections based on Clinic hours.

Weekdays Available for Volunteering

Monday

Wednesday

Tuesday

Thursday

Weekends (for Special Projects ONLY)

Shifts Preferred for Volunteering

Morning (8:30 AM – 12 PM)

Afternoon (1 PM – 5:30 PM)

Other (Please specify)

Additional Comments:

Skills & Certifications

Student volunteers, nurses, and physicians/doctors must complete one of the following specialized forms related to your category.

Please email this form to the Volunteer Coordinator, Kiersten Finchum, at kfinchum@clearwaterfreeclinic.org

FOR PROVIDERS/PHYSICIANS

Licensure Date:

Specialty

Past Work Experience

Past Employer 1:

Dates Employed:

Job Title:

Reference:

Reference Phone #:

Past Employer 2:

Dates Employed:

Job Title:

Reference:

Reference Phone #:

Currently practicing? Yes No

If not, please explain why and when you stopped:

We use an electronic medical records system. Do you require a scribe? Yes No

Additional Comments:

FOR NURSES, NPs, and PAs

Are you certified to practice autonomously? Yes No

Do you have a physician to sign your protocol? Yes No

Past Work Experience

Past Employer 1:

Dates Employed:

Job Title:

Reference:

Reference Phone #:

Past Employer 2:

Dates Employed:

Job Title:

Reference:

Reference Phone #:

Currently practicing? Yes No

If not, please explain why and when you stopped:

Additional Comments:

FOR STUDENT VOLUNTEERS

Name of School/Program:

Area of Study:

Dates Enrolled in School/Program:

What semester are you in?

Date of anticipated graduation:

Have you completed past clinical rotations? Yes No

If yes, where?

Required hours in a clinical setting for school/program:

Do you feel comfortable navigating an electronic medical records system? Yes No

Are you willing to scribe? Yes No

Do you feel comfortable working in direct patient care? Yes No