



Volunteer Medical Provider Application

Volunteer Applications can also be completed online at www.communityhealth.org/volunteers

Name: _____
Last First Middle

Title: _____

Address: _____

Home Phone Number: _____ Work Phone Number: _____

Pager Number: _____ Cell Phone Number: _____

E-mail Address: _____ Date of Birth: _____

Gender: _____ Race/Ethnicity (Optional): _____

How did you hear about CommunityHealth?: _____

Special Skills

Would you consider being a preceptor to other volunteers? Yes _____ No _____

Will you be bringing students or other professionals with you? Yes _____ No _____

If yes, who: _____

Please indicate any services and specialties you are willing to offer CommunityHealth:

Licenses and/or Certifications

Please list licenses held (MD, DO, NP, etc): _____

License Number: _____

DEA Number: _____

NPI Number: _____

UPIN Number: _____

Do you have privileges at any hospitals? Yes_____ No_____ If yes, please list the hospitals that you have privileges at:

Employment

Current Employer: _____

Address of Employer: _____

Phone: _____

Position: _____ Length of employment: _____

Languages

Do you speak Spanish or Polish Fluently? Spanish _____ Polish _____

Volunteer Experience

Have you volunteered anywhere else in the past five years? Yes_____ No_____

If yes, where: _____

What was your job there? _____

What was your reason for leaving? _____

Time Commitment

How often are you willing to commit to volunteering?

_____ times a week _____ times a month

Please indicate what days and times are best for you:

References

Please list two professional references:

Name	Relationship to you	Email Address

Emergency Contact: _____

Name	Relationship to You	Phone Number

Volunteer Provider Expectations

What are the expectations of volunteers at CommunityHealth?

The success of CommunityHealth depends on active participation from its volunteers, patients, and staff – with all working towards a common goal of providing quality healthcare for the uninsured. Because communication, cooperation and responsibility are key concepts to insure that CommunityHealth is run effectively and efficiently, clear expectations are needed. Below are essential expectations of any volunteer provider.

Volunteers are expected to:

- Provide proof of negative TB test each year
- Provide proof (copy) of any licenses (as required)
- Current CV
- Notify the Volunteer Services Coordinator at least 24 hours in advance if you are unable to report for a scheduled shift or if you are going to be late for a scheduled shift.
- Treat all patients with dignity, respect and courtesy
- Treat all other volunteers and staff with the same courtesy and respect that you would expect to be treated with
- Maintain a positive attitude and relationship with all other volunteers, staff and patients
- Maintain confidentiality, whether it is with the patient, staff or other volunteers (what is said or done here remains here)
- Attend all required training sessions, as directed by the CommunityHealth staff
- Understand and abide by all CommunityHealth policies, rules, and regulations

If you are agree with the above stated expectation please sign and date below

Signature: _____ Date: _____

Please contact Kelly Tondini, Volunteer Services Coordinator, at (773) 969-5923 or via email at ktondini@communityhealth.org/volunteers with any questions.