



Volunteer Application for Medical Professionals

Outside In addresses the changing needs of homeless youth and other low-income and marginalized people as they work toward self-sufficiency and improved health by providing them innovative social, medical and mental health services and material resources. The agency has been offering services to this population since 1968. The information provided here will be used to assess your fit with current open positions. To provide individual volunteer services to clients you must be at least 21 years of age. If you are a former client, it must be at least 2 years since you last received services from Outside In, excluding the Clinic. For more information go to <http://www.outsidein.org/volunteer.htm> or call 503-535-3815.

General Information

M.D. N.D. R.N. N.P. L.Ac. L.M.T. Other _____

Full Legal Name _____ Today's Date _____
First Middle Last

Street Address _____ *Home or Work?*

City _____ State _____ Zip Code _____

E-mail Address _____

Mobile Phone _____ Home # _____ Work # _____
(Check the preferred number for contacting you)

Date of birth _____ Drivers License # _____ State _____

In Case of Emergency Call # _____ Name/Relationship _____

In what capacity do you wish to volunteer?

Pro Bono hours in my specialty either at the clinic or in my office Yes No

As a GP or Internist in regularly scheduled clinic hours Yes No

As an Acupuncturist in regularly scheduled clinic hours Yes No

As a Project Erase – Tattoo Removal Provider
(Training is provided for Doctors wishing to join this program) Yes No

Other *(please explain)* _____

When are you available to volunteer?

Days Evenings

Maximum hours/week: _____ Maximum hours/month: _____

From Day/Month/Year: _____ To Day/Month/Year: _____

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Professional Information

Where do you currently practice medicine? _____

Professional Licenses _____

Medical Specialty _____ Languages spoken _____

Please name two references (one work related and one personal):

Name _____ Relationship _____ Phone: _____

Name _____ Relationship _____ Phone: _____

Relevant Experience

Agency/Organization Dates Description

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Background Information

Other names you have used _____

Other States you have lived in during the past ten years, including duration (i.e. OR, 3/97-9/03):

State:								
Duration:								

Have you ever been convicted of a felony or misdemeanor (that has not been expunged)? Yes No

If yes, list dates, places, charges and disposition below. (A conviction is not an automatic disqualification from placement.)

Office Use Only

Please provide brief responses to the following questions:

How and when did you hear about Outside In ?

Why do you want to volunteer with an agency that serves homeless and low income youth and adults?
Describe any experiences you have had with homelessness, street youth, drug affected individuals, community based clinics, or HIV related issues.

Outside In is a pro-choice agency which also serves immigrant, queer, and transgender clients. Do you feel comfortable working with these patients?

What else would you like us to know about you?

.....
As a volunteer candidate, I have read and understand the above information. I certify that all of the information I have provided is accurate.

Signature

Date

If you have any questions, please feel free to call and speak with the Volunteer Coordinator at 535-3815. Thank you for considering a volunteer opportunity at Outside In . Please mail or fax completed application form to:

Outside In
Attn: Volunteer Coordinator
1132 SW 13th Ave
Portland, OR 97205
Fax: 503-223-6837

APPLICANT'S CERTIFICATION

Please read carefully and initial each statement before signing

To fulfill our commitment to a safe and productive environment, Outside In will not permit the unauthorized use or possession of alcohol or illegal drugs on the agency premises at any time, nor will we knowingly permit people to work while under the influence of alcohol or drugs. I understand that Outside In reserves the right to condition my service upon a satisfactory drug test. I further understand that if I am selected, Outside In reserves the right to subject me to drug and alcohol testing if it has reason to believe that I am using drugs or under the influence of alcohol. Outside In's substance abuse policy, as set forth in the handbook I will receive, delineates in detail Outside In's expectations and my responsibilities. _____ (Initial)

I certify that I have answered truthfully and have not knowingly withheld any information relative to my application. I understand that any misrepresentation or material omission on this application will result in disqualification for service. I further understand that, if accepted for service, any misrepresentation that becomes known to Outside In may result in immediate termination. _____ (Initial)

I authorize investigation of all information provided during the application process and the references listed above to give Outside In any and all information concerning my previous experience and any pertinent information they may have, personal or otherwise, and release from all liability or responsibility Outside In, its agents and all persons, companies or corporations providing information to the agency about me. _____ (Initial)

In consideration of my service, I agree to conform to the instruction, rules and policies of Outside In including the anti-discrimination and harassment policy set forth in the handbook. I understand that I may be terminated at any time and for any reason; with or without notice, at the option of Outside In. _____ (Initial)

I hereby acknowledge that I have read and understand the above statements. I certify that all answers to questions in this application and all additional information I may have submitted are true and complete to the best of my knowledge. I understand that giving false information, misrepresenting facts, and material omissions may be grounds for denial of service or discharge. _____ (Initial)

I understand that as a condition of my service Outside In may conduct a pre-selection background investigation, credit history, driving history, identity/SSN, criminal history, reference, education, employment or personal check. I authorize Outside In to conduct any of these investigations and understand that the results of these may be used in the agency's selection decision. _____ (Initial)

I further understand that I have rights under the Fair Credit Reporting Act (FCRA). If Outside In makes a decision based on the above-mentioned background investigation that directly and adversely affects me, Outside In will provide me with a copy of the report and a summary of my rights under the FCRA, before the decision is finalized. I understand that I may also contact the Federal Trade Commission about my rights under the FCRA. _____ (Initial)

Applicant's Signature _____ **Date** _____

Print Name CLEARLY _____