



# VOLUNTEER APPLICATION

Please print.

Title \_\_\_\_\_ Name \_\_\_\_\_ Email \_\_\_\_\_

Home Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_

Mailing Address \_\_\_\_\_ Birthday (Mo/Day) \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**INTERESTS** (check all that apply):

Clinical (in-clinic positions)

- Physician
- RN, LPN, CMA, CNA
- Pharmacist
- Pharmacy Technician
- Lab Technician
- Other Medical:

Non-Clinical (in-clinic positions)

- Receptionist
- Data Entry
- Confirmation Appts.
- Marketing
- Graphic Design
- Patient Transportation (New Bern or Greenville)
- Patient-Eligibility Meetings
- Administrative (filing, faxing, etc.)
- Medication Assistance Program
- Fundraising
- Program Analysis
- Grantwriting
- Special Events

Leadership (outside clinic positions)

- Board Member
- Committee Member (infrastructure, fundraising, volunteers, PR, etc.)

**EXPERIENCE/SKILLS** (check all that apply):

Non-Clinical

- Word Processing
- Database Mgmt.
- Public Relations
- Legal/Paralegal
- Journalism
- Public Speaking
- Fundraising
- Statistical Analysis
- Bookkeeping
- Grantwriting
- Writing/Editing
- Bilingual

Clinical

- Physician/PA/FNP
- RN, LPN, CMA, CNA
- Dentist
- Nutritionist
- Laboratory Technician
- Dental Professional
- Social Services
- Pharmacist
- Mental Health
- Physical Therapist
- Pharmacy Technician
- Occupational Therapist

**AVAILABILITY** (check all that apply):

WEEKLY:  Mon  Tues  Weds  Thurs  Fri      FREQUENCY:  Once a week  Once a month  As needed

Note that in-clinic positions occur each Thursday evening starting between 4-6pm.

**REFERENCE** (work-related experience)

**Text**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_ Relationship to Volunteer \_\_\_\_\_

**Current or Pre-Retirement Occupation** \_\_\_\_\_

Comments or additional information may be written on the back of this form. Please be advised that copies of licenses, certifications, TB test, and other health-related status information may be required depending on the volunteer position held.

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

**Return completed application to our Volunteer Coordinator:**

hopeclinicnc@gmail.com



# VOLUNTEER WHISTLEBLOWER POLICY

## GOAL

It is the intent of Hope Clinic to adhere to all laws and regulations that apply to the organization. The support of all staff and volunteers is necessary to achieve compliance with various laws and regulations.

## REQUIREMENTS:

1. If any volunteer believes that some policy, practice, or activity of Hope Clinic is in violation of law, a written complaint must be filed by that employee or volunteer with the Executive Director or the Board President.
2. A volunteer is protected from retaliation only if the employee or volunteer brings the alleged unlawful activity, policy or practice to the attention of Hope Clinic, and provides Hope Clinic with a reasonable opportunity to investigate and correct the alleged unlawful activity.
3. The protection described below is only available to volunteers who comply with the above requirements.

## PROTECTION:

1. Hope Clinic will not retaliate against a volunteer who, in good faith, has made a protest or raised a complaint against some practice of Hope Clinic, or of another individual or entity with whom Hope Clinic has a business relationship, on the basis of a reasonable belief that the practice is in violation of law, or a clear mandate of public policy.
2. Hope Clinic will not retaliate against a volunteer who discloses or threatens to disclose to a supervisor or a public body, any activity, policy, or practice of Hope Clinic that the volunteer reasonably believes is in violation of a law, rule, or regulation; or is in violation of a clear mandate or public policy concerning the health safety, welfare, or protection of the environment.

My signature below indicates my receipt and understanding of this policy. I also verify that I have been provided with an opportunity to ask questions about the policy.

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

*Approved by Board of Directors on February 10, 1999.*

203 North Street • P.O. Box 728 • Bayboro, NC 28515  
(252) 745-5760 phone • (252) 745-5734 fax  
[www.hopeclinicnc.org](http://www.hopeclinicnc.org)





# CONFIDENTIALITY POLICY

Respecting the right to privacy is a basic element of Hope Clinic policy; following HIPAA standards is considered best practice. Information about a patient, volunteer, board member, or employee required in the conduct of the clinic's business will be collected only by proper means, restricted to that which is relevant, used only for business purposes, and maintained in a manner which will protect its confidentiality. All statutory requirements with regard to the privacy of such information shall be strictly followed. Except as required by law, no information shall be released without written permission (NCGS 132-1, NCGS 108-80, NCGS 130A-1430).

All volunteers are to review this policy, along with any changes, and acknowledge this policy in writing.

1. **Patient/Client:** It is imperative, because of the nature of our work that information pertaining to patients is kept confidential. Under no circumstances should patients be discussed outside the clinic. Neither should cases be discussed within the clinic with anyone who is not directly involved. Do not discuss a case because of personal curiosity. Joint conferences for the purpose of discussing patients must be held in private and should be done on a "need to know" basis. No patient information will be provided to outside agencies except with the patient's express written consent or under legal subpoena.
2. **Employee:** The only information given without the express written consent of the employee or former employee regarding current or former employment will be verification of employment and relevant dates. No further information shall be released without the employee's written consent and the Executive Director's approval.
3. **Volunteer:** The only information released about volunteers will be that which is requested by the volunteer in writing to the Executive Director, unless such information is used for volunteer recognition purposes.

I have read and understand the above Confidentiality Policy. I also understand that failure to adhere to this policy could result in immediate dismissal from Hope Clinic.

Print Name \_\_\_\_\_

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



**HOPE CLINIC**

# VOLUNTEER AGREEMENT

## MUTUAL RESPECT

The Board of Directors of Hope Clinic invites anyone interested in helping provide free medical care to our patients to join us by volunteering. All volunteers and patients are treated with mutual respect.

## CONFIDENTIALITY POLICY

All information and records obtained while working in conjunction with Hope Clinic and pertaining to any Hope Clinic patient are to be held in the strictest confidence. The volunteer staff of Hope Clinic shall make every effort to insure that each contact with a patient is confidential. Staff will not discuss a patient or a patient's medical condition with another staff member in any public area, including the waiting rooms or open areas of the Health Department.

Information about Hope Clinic patients shall not be released or made public by Hope volunteer staff except under the following circumstances, and ONLY with the approval of a Hope Clinic paid staff member:

1. Release is made of all or part of the medical record with prior written consent of the person or persons identified or their guardian;
2. Release is made to health care personnel providing medical care to the patient.

In addition to the above, the Board of Hope Clinic may release information under the following circumstances:

1. Release is made of specific medical or epidemiological information for statistical purposes in a way that no person can be identified;
2. Release is necessary to protect the public health and is made as provided by the North Carolina Public Health Laws and according to the procedures of the Pamlico County Health Department;
3. Release is made if, in the opinion of the attending physician, the patient's life or another's life is in danger;
4. Release is made pursuant to subpoena or court order.

## AUTHORITY

Volunteers serve Hope Clinic at the discretion of the Board of Directors and under the direction of the Executive Director and Volunteer Coordinator. The Board maintains the right to require a volunteer to leave the clinic for violating Hope Clinic policies, inappropriate, or unprofessional behavior. The Board will regularly solicit suggestions about policies and procedures from Hope volunteers to improve clinic efficiency, patient care, and volunteer experience.

I have read and understand the Volunteer Agreement, Confidentiality Policy, and Whistleblower Policy of Hope Clinic. I agree to treat all patients with respect. I agree to hold all patient information I may have access to confidential and will not divulge any information to unauthorized persons. I understand that violation of these policies may result in termination of my volunteer status at Hope Clinic.

Print Name \_\_\_\_\_

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

203 North Street • P.O. Box 728 • Bayboro, NC 28515  
(252) 745-5760 phone • (252) 745-5734 fax  
www.hopeclinicnc.org

