



**Volunteers in Medicine – San Francisco**  
**VOLUNTEER APPLICATION FORM**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

Work Phone \_\_\_\_\_ email address \_\_\_\_\_

Emergency Contact (Name, relationship, phone numbers):

**EDUCATION**

Undergraduate School: \_\_\_\_\_

Graduate/Med/Tech School: \_\_\_\_\_

Specialty \_\_\_\_\_

**VOLUNTEER ACTIVITY DESIRED**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Physician           | <input type="checkbox"/> Psychiatrist   | <input type="checkbox"/> Physician Assistant        |
| <input type="checkbox"/> Nurse Practitioner  | <input type="checkbox"/> Pharmacist   | <input type="checkbox"/> Pharmacist Tech            |
| <input type="checkbox"/> Nurse               | <input type="checkbox"/> Phlebotomist   | <input type="checkbox"/> Mental Health Clinician    |
| <input type="checkbox"/> Computer/IT support | <input type="checkbox"/> Front Desk/Reception   | <input type="checkbox"/> Eligibility Screener       |
| <input type="checkbox"/> Greeter             | <input type="checkbox"/> Health Educator  | <input type="checkbox"/> Fundraising/Special Events |
| <input type="checkbox"/> Nutritionist        | <input type="checkbox"/> Interpreter/Translator (please indicate Spanish, Chinese, Tagalog) |   |
| <input type="checkbox"/> Other _____         |   |   |

**FREQUENCY DESIRED**

- |  |   |
|--|---|
| <input type="checkbox"/> one shift per week  | <input type="checkbox"/> two shifts per month |
| <input type="checkbox"/> one shift per month | <input type="checkbox"/> as needed            |
| <input type="checkbox"/> other _____         |   |

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

- |  |
|--|
| <input type="checkbox"/> Available weekdays                                      |
| <input type="checkbox"/> Available weekday evenings (specify which day(s)) _____ |
| <input type="checkbox"/> Available Saturday                                      |

Do you have any health limitations that might affect the work that you do at Volunteers in Medicine – San Francisco? Please explain:

**PLEASE RETURN COMPLETED FORM TO:**

Email: [info@clinicbythebay.org](mailto:info@clinicbythebay.org)

Fax: 415-956-9353

Mail: Volunteers in Medicine – San Francisco, 465 California, Suite 612, SF, CA 94104

*San Francisco's Volunteers in Medicine Clinic*  
*A California non-profit public benefit corporation*



**Volunteers in Medicine – San Francisco**  
**VOLUNTEER AGREEMENT**

If accepted as a volunteer at Volunteers in Medicine – San Francisco, I agree to the following:

1. I will hold all information that I may obtain directly or indirectly concerning patients, doctors, and/or staff, as **ABSOLUTELY CONFIDENTIAL**.
2. I will not solicit my political or religious beliefs to patients, their families, and/or other volunteers or staff.
3. My services are donated to Volunteers in Medicine – San Francisco without contemplation of compensation or promise of future employment.
4. I understand that a criminal background check may be required depending on the area of my volunteer assignment.
5. I understand that a 6 month commitment to my volunteer position is expected.
6. I will be punctual and conscientious, conduct myself with dignity, courtesy, respect and consideration of others, and will uphold standards of professionalism and quality in all of my work.
7. I will make every effort to resolve any problems related to my volunteer assignment with my supervisor and the Volunteer Program Manager.
8. I will make my best effort to fulfill my commitment to Volunteers in Medicine – San Francisco by completing all volunteer assignments that I accept.
9. I understand that Volunteers in Medicine – San Francisco reserves the right to terminate my volunteer status as a result of failure to comply with Volunteers in Medicine – San Francisco policy; absences without prior notification; unsatisfactory attitude, work or appearance; or any other circumstance which in the judgment of Volunteers in Medicine – San Francisco would make my continued service as a volunteer contrary to the best interests of Volunteers in Medicine – San Francisco.
10. I understand that it is a violation of Volunteers in Medicine – San Francisco policy to solicit business or act as an agent for outside business, or to solicit business from patients, volunteers or staff.
11. I will not sell or attempt to sell goods or services, request contributions, or solicit persons to sign or distribute political petitions on Volunteers in Medicine – San Francisco property, unless I receive explicit authorization from Volunteers in Medicine – San Francisco.

I have read, understand and agree to each of the above conditions.

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Date