



Volunteer Application

Eagle Commercial Center
107 Bonnie Drive
Butler, Pa 16002
www.butlerhealthclinic.org

Last Name	First Name	MI	Title	Date
Address				Phone
City	State	Zip Code	Cell Phone	
Occupation				Email
Employer				Work Phone

May we contact your employer for the purpose of verifying your professional license and credentials? Yes ___ No ___

Are you volunteering professional services? Yes ___ No ___

If you answered yes to the previous question please fill out the information box below.

Professional License	License #
Professional License	License #
Professional License	License #

Please list any skills that may be applicable e.g., CPR certification, venipuncture, data entry, medical terminology:

Please indicate which of the following volunteer positions you are interested in:

<ul style="list-style-type: none"> • Clinical Services _____ • Prescription Assistants _____ • Receptionist _____ • Greeters _____ 	<ul style="list-style-type: none"> • Patient Eligibility Screeners _____ • Grant Writers _____ • Housekeeping _____
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Have you had a PPD (TB) test in the past year? This is required for all volunteers.

Yes ___ (please attach documentation) No ___

Clinical Volunteers: Have you had a Hepatitis B Vaccination? This is optional.

Yes ___ (please attach documentation) No ___

Do you require any accommodations to perform the duties of the volunteer position for which you are applying?

Yes ___ No ___

If yes, please explain:

Have you ever been convicted of a felony?

Yes ___ No ___

If yes, please explain:

*A conviction will not necessarily bar you from volunteering. Each conviction is judged based on its own merit and with respect to seriousness and circumstances.

Clinical Volunteers: Have you ever been required by any licensing board or professional ethics body to surrender your license, or have you ever been found guilty of violation of any professional ethics codes, professional misconduct, unprofessional conduct, incompetence or negligence, in any state or country?

Yes ___ No ___

If yes, please explain:

1. I shall keep confidential any and all information I obtain through affiliation with the clinic regarding patients, staff, and volunteers.
2. I shall be punctual and conscientious, conduct myself with dignity, courtesy and consideration of others, and endeavor to make my work professional in quality.
3. I shall at all times uphold the philosophy and standards of the Community Health Clinic of Butler County.
4. I understand that the Community Health Clinic of Butler County reserves the right to terminate my volunteer status as a result of:
 - Failure to comply with clinic policies, rules, and regulations.
 - Unsatisfactory attitude, work, or appearance.
 - Any other circumstances, which in the judgment of the clinic staff would make my continued service as a volunteer contrary to the best interest of the Community Health Clinic of Butler County.

I have read each of the above conditions and agree to be bound by such. I certify that the information I have given is complete and correct to the best of my knowledge and belief. I further affirm that I have not knowingly withheld any facts or circumstances with completion of this application.

Signature _____

Date _____

It is the policy of the Clinic to provide equal opportunity to all people in all aspects of volunteer relationships without discrimination because of race, color, religion, national origin, ancestry, marital status, age, sexual orientation, or handicap. It is the policy of the Clinic to select, develop, and utilize volunteers based on the individual's ability, qualifications, experience, and job performance. It is the Clinic's policy to maintain a work environment free of all forms of discrimination, sexual harassment, and intimidation. The Clinic will comply with the letter and spirit of applicable local, state, and federal statutes concerning Equal Opportunity.