

# JEAN B PURVIS COMMUNITY HEALTH CENTER OF BUTLER COUNTY

103 Bonnie Drive, Butler, PA 16002 | p: 724.841.0980 | f: 724.841.0984 | [info@butlerhealthclinic.org](mailto:info@butlerhealthclinic.org)

## VOLUNTEER APPLICATION

Professional     Intern     Community

Date: \_\_\_\_\_

LAST NAME		FIRST NAME		MI	DATE OF BIRTH
ADDRESS				PHONE (H)	
CITY	STATE	ZIP	PHONE (C)		
EMAIL					

EMERGENCY CONTACT - RELATIONSHIP	PHONE (H)
	PHONE (C)

### STUDENT

COLLEGE / UNIVERSITY	GRADUATION DATE
ACADEMIC ADVISOR / CONTACT INFORMATION	FIELD OF STUDY

Are you applying for an academic internship?  Yes     No

Spring / Summer / Fall (circle one)

Start date: \_\_\_\_\_

### EMPLOYED

EMPLOYER			OCCUPATION
ADDRESS			PHONE (W)
CITY	STATE	ZIP	FAX

May we contact your employer to verify your professional license and credentials?  Yes     No

PROFESSIONAL LICENSE (if applicable)	LICENSE #
PROFESSIONAL LICENSE (if applicable)	LICENSE #

### Comments / Special Skills (CPR, Certifications, Interests, etc.)

### Volunteer Position(s)

- |  |   |  |   |
|--|---|--|---|
| <input type="checkbox"/> Clinical Services           | <input type="checkbox"/> Dental Services    | <input type="checkbox"/> Administration/Office | <input type="checkbox"/> Data Entry/Medical Records |
| <input type="checkbox"/> Social Services/Eligibility | <input type="checkbox"/> Outreach/Community | <input type="checkbox"/> Special Events        | <input type="checkbox"/> Fundraising                |
| <input type="checkbox"/> Grant Writing               | <input type="checkbox"/> Other: _____       | <input type="checkbox"/> Other: _____          | <input type="checkbox"/> Other: _____               |

**Have you had a PPD (TB) test in the past year?** (This is optional)  Yes  No  
Please attach documentation

**Clinical Volunteers: Have you had a Hepatitis B Vaccination?** (This is optional)  Yes  No  
Please attach documentation

**Do you require any accommodations to perform the duties of the volunteer position for which you are volunteering?**  Yes  No

IF YES, PLEASE EXPLAIN:

**Have you ever been convicted of a felony?** (\*A conviction will not necessarily bar you from volunteering)  Yes  No

**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 professional ethics codes, professional misconduct, unprofessional conduct, incompetence or negligence, in any state or country?**  Yes  No

IF YES, PLEASE EXPLAIN:

### Clearances

The Jean B Purvis Community Health Center (CHC) does not directly serve children; however, we do come in occasional contact with children. In keeping with the Commonwealth of Pennsylvania law and the directives of CHC, our volunteers are required:

To provide:

- Photo ID

To obtain:

- Report of criminal history from the Pennsylvania State Police (PSP); **AND**
- Child Abuse History certification from the Department of Human Services (Child Abuse)

To apply for your clearances, please visit the sites below. Please note, as a volunteer, there is **NO COST** to you for the state clearances.

- ① **The PSP (Pennsylvania State Police) Criminal History Certification** - cost \$0 (for volunteers)

<https://epatch.state.pa.us>

(Note: ■select "New Record Check (Volunteers Only)"

- ② **PA Child Abuse History Certification from DHS (Department of Human Services)** - cost \$0 (for volunteers)

<https://www.compass.state.pa.us/cwis/public/home>

(Note: ■you will need to create an individual login account,  
■select Volunteer Having Contact with Children for the purpose of the application)

**\*PLEASE NOTE\*** - all clearances will be kept confidential.

**\*\* If you already have your clearances from employment and your clearances are less than 3 years old, please submit a copy with this application.**

### HIPAA / Confidentiality

In compliance with the Health Insurance Portability and Accountability Act (HIPAA), CHC is required by law to protect the privacy of our patients. Your signature on this Volunteer Application confirms your acceptance of the policies at CHC including the confidentiality of our patients, staff and volunteers.

# JEAN B PURVIS COMMUNITY HEALTH CENTER OF BUTLER COUNTY

103 Bonnie Drive, Butler, PA 16002 | p: 724.841.0980 | f: 724.841.0984 | [info@butlerhealthclinic.org](mailto:info@butlerhealthclinic.org)

## VOLUNTEER AGREEMENT

1. I shall keep confidential all information that I obtain regarding patients, staff, and volunteers.
2. I shall be punctual and conscientious, conduct myself with dignity, courtesy and consideration of others, and strive to maintain professional quality in my work.
3. I shall at all times uphold the philosophy and standards of the Jean B Purvis Community Health Center (CHC).
4. I understand that CHC reserves the right to terminate my volunteer status as a result of:
  - a) Failure to comply with clinic policies, rules, and regulations.
  - b) Unsatisfactory attitude, work, or appearance.
  - c) Frequent, unexplained absences
  - d) Any other circumstance(s), which in the judgment of CHC would make my continued service as a volunteer contrary to the best interests of CHC.

**All Volunteers:** Must provide photo ID and clearances: PSP Criminal History Certification and PA Child Abuse History Certification

**Clinical Volunteers:** Must include a copy of your Pennsylvania clinical license(s) and/or certification(s). I grant CHC authorization to contact the employer or licensing bureau listed on this application for the purpose of verifying my professional license(s) and/or credentials.

The Jean B Purvis Community Health Center (CHC) does not discriminate against any person because of age, ancestry, color, disability or handicap, national origin, race, religious creed, sex, sexual orientation or veteran status. It is the policy of CHC to select, develop and utilize volunteers based on the individual's ability, qualifications, experience and job performance. CHC will maintain a work environment free of all forms of discrimination, sexual harassment and intimidation. CHC will comply with the letter and spirit of applicable local, state and federal statutes regarding Equal Opportunity.

**I have read, understand and agree to the above Volunteer Agreement. I certify that the information I have given is complete, true and correct to the best of my knowledge and belief. I further affirm that I have not knowingly withheld any facts or circumstances in completing this application.**

SIGNATURE	DATE
-----------	------