



101 E. Fountain Street Dodgeville, WI 53533

Phone: 608.930-2232 FAX: 608.937.0024

Email: info@ccfcwi.org

Volunteer Agreement

Welcome, and thank you for choosing to serve at the Community Connections Free Clinic! By investing your time and skills at our Clinic, you are touching and bettering the lives of countless individuals in our community.

The CCFC's mission is:

To provide basic health care for those who cannot afford or access medical services in Iowa County and surrounding areas.

In our efforts to practice this mission, we – Board, Staff and Volunteers – feel that it is our privilege to be serving our patients. We also believe it is important to ensure that the quality of our work reflects our belief in our mission. To this end, we expect our volunteers to:

- Maintain a respectful atmosphere – which entails but is not limited to upholding a supportive collegial environment for everyone, regardless of position, status, disease, or appearance.
- Have an appreciation and value for everyone's contribution – from patients as well as volunteers and staff.
- Respect patient confidentiality.
- Be self- motivated.
- Ask questions when you are not sure how to do something. It's better to double check than to make a mistake.
- Be willing to work outside of your primary position in an effort to help the team succeed.
- Honor your commitment to serve, i.e., when you sign up for a specific date or project, either honor your commitment or arrange for a substitute volunteer to take your place.
- Commit to working at the clinic once a month as a minimum. Participating less often than that discourages collegiality and makes it difficult to remember correct procedures or know about changes in policies and procedures.

By reading and signing this paper, you are agreeing to hold yourself to the expectation listed above. A positive, supportive environment is a critical value and asset of the Clinic. We thank you for respecting and fostering this value while serving at the clinic.

Signature _____ Date _____

Volunteer Application

Today's Date ___/___/___

Contact Information

Name _____ Date of Birth ___/___/___
(Last) (First) (MI)

Address _____ City, State, Zip _____

E-mail _____ County _____

Cell Phone _____ Home Phone _____ Bus. Phone _____

Gender ___ male ___ female

Race/Ethnicity

___ American Indian or Alaskan Native ___ Asian ___ African American

___ Native Hawaiian or Other Pacific Islander ___ Hispanic or Latino ___ White

Emergency Contact Information

Name _____ Phone _____ Relationship _____

Employment Information

(Check all that apply) ___ Employed, ___ Unemployed, ___ Retired, ___ Student @ _____

Current Employer _____ Occupation _____

Employer Address _____ City, State, Zip _____

Preferred Availability

(Check & Circle all that apply) ___ Evening (Tuesday or Thursdays), ___ Daytime (Tuesday, Wednesday, Thursday, Friday)

___ Flexible

Volunteer Position(s) You Are Interested In

(Check all that apply) ___ Clinician (MD, PA, NP), ___ RN, ___ LPN/MA, ___ Lab Tech ___ Pharmacy

___ Registered Dietitian, ___ Receptionist, ___ Interpreter, ___ Prescription Assistance

___ Special Projects (fundraising, PR & Social Media, website design, work projects, special events, etc.), ___ Other

Special expertise (computers, foreign languages, grant writing, etc.) _____

Medical License # _____ Expiration: _____

Educational Training, Licenses, Certifications (list all applicable specialties, degrees, & credentials)

PLEASE ATTACH A PHOTOCOPY OF YOUR CURRENT PROFESSIONAL LICENSES AND IMMUNIZATION RECORD.

Instructions on how to obtain your Immunization Record

You may obtain a copy of your Immunization record by visiting
<https://www.dhfs.wisconsin.gov/PR/logoff.do>

Click on “Public Immunization Access” link.

Enter in your First Name, Last Name, Birthdate and Social Security number and click on the “SEARCH” button.

This will bring up your immunization information that is on file with the State of Wisconsin.

Please print a copy of the information to provide to CCFC.

Staff Only

- Email address recorded
- Background Check Date: _____ Order# _____
- Entered into volunteer Log _____
- Entered into VHP _____
- Immunization Record Received
 - MMR Date: _____
 - Hep B Date: _____
 - Flu Shot Date: _____
 - TB Date: _____