

Good Neighbor Health Clinic and Red Logan Dental Clinic
70 North Main Street, White River Junction, VT 05001
(802) 295-1868 good.neighbor@hitchcock.org

Community Volunteer Application

(For assignments that do not require prior medical/dental training)

Name: _____
(first) (middle initial) (last)

Address: _____
(Street address or post office box)

(Town, State, Zip)

Contact information: Complete all and check the best way to contact you.

_____ E-mail: _____

_____ Home phone: (____) - _____

_____ Work phone: (____) - _____

_____ Cell phone: (____) - _____

Emergency Contact. In case of an emergency, please contact:

Name _____ Phone _____

Relationship _____

What are the best days of the week and times of day for you to volunteer?
(Note: Community volunteers must commit to 2 volunteer sessions per month.)

How did you become interested in becoming a volunteer at the clinic?

What type of volunteer work would you like to do at the clinic?

Please list any other volunteer or employment experiences that may be related to volunteering at the clinic:

If you are a student, please give your age _____, expected year of graduation _____, and name of school _____.

**References: We request that you provide names of two (2) references.
(No family members, please)**

1. Name: _____ **Daytime Phone:** _____

Address _____

Relationship to you: _____

2. Name: _____ **Daytime Phone:** _____

Address _____

Relationship to you: _____

In being considered for a volunteer position at the Good Neighbor Health Clinic and Red Logan Dental Clinic, I agree that the clinic staff and any of the references provided may exchange information regarding my qualifications without incurring any liability. **If accepted as a volunteer** at GNHC, I agree that I am making a commitment to serve and agree that I will:

- (initial each)
___ Demonstrate behaviors while interacting with others which includes:
 serving the patients, families, visitors and co-workers
 respecting each individual's dignity and privacy
___ Call the clinic with as much advance notice as possible if I am unable to work on my scheduled day;

Confidentiality Agreement:

FURTHERMORE AND WITHOUT EXCEPTION, I shall hold as absolutely confidential all information that I may obtain directly or indirectly concerning patients, doctors, or personnel and I will not seek to obtain information from a patient.

Signature: _____ Date: _____

Thank you for your interest in volunteering with Good Neighbor Health Clinic and the Red Logan Dental Clinic. Please send the completed application to:

**Good Neighbor Health Clinic and Red Logan Dental Clinic
70 North Main Street
White River Jct., VT 05001
(802) 295-3600 (fax)**