



## THE FREE MEDICAL CLINIC OF GREATER CLEVELAND

12201 Euclid Avenue ♦ Cleveland, Ohio 44106-4399 ♦ PHONE: (216) 721-4010 ♦ FAX: (216) 707-3530 ♦ [www.thefreeclinic.org](http://www.thefreeclinic.org)

### ♦ VOLUNTEER APPLICATION ♦

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Dear Prospective Volunteer:

Thank you for expressing an interest in volunteering at The Free Medical Clinic of Greater Cleveland. We take great pride in the success of our organization, but we could not be as productive and effective as we are without the outstanding efforts of our amazing volunteers!

Please submit your volunteer application when you have completed the double-sided application, obtained two professional references (in sealed and signed envelopes, for confidentiality), and provided copies of current professional licenses and/or certifications (if required). To avoid confusion, please refrain from submitting references separately from your application.

Applications may be dropped off at the front desk or mailed to The Free Clinic:

**Volunteer Department  
The Free Medical Clinic of Greater Cleveland  
12201 Euclid Avenue  
Cleveland, OH 44106**

After submitting your application, please allow **two weeks** for your volunteer application to be processed. You may then be contacted to arrange an interview or to be placed on the waiting list. We will keep your application on file for up to six months without activity.

I assure you that your dedication as a volunteer will be greatly appreciated by our staff and patients. Volunteers keep the FREE in The Free Clinic! As a volunteer, you will gain an experience unparalleled while working alongside our remarkable staff and volunteers in our beautiful facilities. We appreciate your interest and look forward to welcoming you to The Free Clinic's team!

Sincerely,

Melissa J. Ghoston  
Director of Volunteer and External Relations  
[beavolunteer@thefreeclinic.org](mailto:beavolunteer@thefreeclinic.org)  
(216) 707-3438 direct

**\* PLEASE KEEP THIS FRONT PAGE FOR YOUR REFERENCE. \***

10/20/2009



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## VOLUNTEER APPLICATION

Please PRINT clearly!

When completed, return with references to the Director of Volunteer & External Relations.

Full Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_ Date: \_\_\_\_\_

Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Preferred method of contact:  Home  Cell  Work  E-mail  Any

Mailing Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

### EMPLOYMENT, TRAINING, & EDUCATION

Please attach your **resume** or **professional CV**, and complete the following:

Check one (or more) of the following:  Employed  Un-employed  Retired  Student

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Employer Address \_\_\_\_\_ Phone \_\_\_\_\_

#### Most Recent Professional Employment / Practice History

Date Started	Date Ended	Employer	Position & Responsibilities

### EDUCATION – indicate the name of the institution, program, and year completed

High School: \_\_\_\_\_ City/St: \_\_\_\_\_ Year: \_\_\_\_\_

Postsecondary: \_\_\_\_\_ Program/Degree: \_\_\_\_\_ Year: \_\_\_\_\_

Graduate/Professional: \_\_\_\_\_ Program/Degree: \_\_\_\_\_ Year: \_\_\_\_\_

Licenses / Certifications (list applicable degrees & credentials):

### LICENSED PROFESSIONALS

License type and #: \_\_\_\_\_ Expires: \_\_\_\_\_ DEA #: \_\_\_\_\_ Expires: \_\_\_\_\_

Has your professional license ever been restricted in any way? **Yes** or **No** (circle one) If so, attach documentation.

Do you have prescriptive authority? **Yes** or **No** (circle one)

**\*\* PLEASE ATTACH A PHOTOCOPY OF YOUR CURRENT PROFESSIONAL LICENSURE. \*\***

### FOR STATISTICAL PURPOSES ONLY – please complete

I am age 18 or older. Date of Birth: \_\_\_\_\_ Race/Ethnicity: \_\_\_\_\_ Gender: \_\_\_\_\_

I speak the following languages (other than English): \_\_\_\_\_

♦ How did you hear about our needs at The Free Clinic? (Circle all that apply) Friend Print ad Word of Mouth

Current Volunteer: \_\_\_\_\_ Association/Club: \_\_\_\_\_ Website: \_\_\_\_\_

**SERVICE OPPORTUNITIES**

What volunteer opportunities interest you at The Free Clinic? Please rank your interests by number.

<p style="text-align: center;"><b>MEDICAL CLINIC</b></p> <p>___ History Taker*</p> <p>___ Pharmacy Assistant</p> <p>___ Patient Assistance Prog. Ambassador</p> <p>___ Registered Pharmacist*</p> <p>___ Lab Tech*</p> <p>___ Phlebotomist*</p> <p>___ Certified Medical Clinic Assistant*</p> <p>___ RN / LPN*</p> <p>___ Nurse Practitioner*</p> <p>___ US Licensed Physician*</p> <p>___ Other _____</p>	<p style="text-align: center;"><b>ADMINISTRATIVE</b></p> <p>___ Data Entry Clerk</p> <p>___ Admin/Clerical Support</p> <p>___ Associate Board Member</p> <p>___ Social Media (FB, Twitter, website)</p> <p>___ Marketing/Communications</p> <p>___ External Relations / Health Fairs</p> <p>___ Advocacy / Patient Story-banking</p> <p>___ Other _____</p> <hr/> <p style="text-align: center;"><b>SPECIAL PROJECTS</b></p> <p>___ ** Contact the Volunteer Office for more info **</p>	<p style="text-align: center;"><b>BEHAVIORAL HEALTH</b></p> <p>___ Clinical Consultant*</p> <p>___ Clinical Aide</p> <p>___ Other _____</p> <p style="text-align: center;"><u>Mental Health Clinic</u></p> <p>___ Therapist*</p> <p>___ Psychiatrist*</p> <p>___ Psychiatry Resident*</p> <p>___ Clinical Supervisor*</p> <p>___ Student Intern</p> <p style="text-align: center;"><u>Substance Abuse Treatment</u></p> <p>___ Counselor*</p> <p>___ Intake Worker</p> <p>___ Student Intern</p>
<p style="text-align: center;"><b>HIV CLINIC</b></p> <p>___ HIV Intervention Specialist</p> <p>___ Syringe Exchange Program Worker</p> <p>___ Comm. Outreach Educator</p> <p>___ Other _____</p>	<p style="text-align: center;"><b>DENTAL CLINIC</b></p> <p>___ Dental Student (CWRU 3<sup>rd</sup> &amp; 4<sup>th</sup> yr only)*</p> <p>___ US Licensed Dentist*</p> <p>___ Other _____</p>	
<p><b>* Position requires appropriate professional training or certification</b></p>		

- ◆ Have you volunteered at The Free Clinic before? If yes, when?
- ◆ Why do you want to volunteer and what do you hope to gain from serving at The Free Clinic?
- ◆ Is there anything else you would like us to know about you (i.e., career goals, special needs, etc.)?

**Frequency of service?**     1-2 times per month     1x / week     2x / week     more than 2x / week

**Time commitment?**     3 months     6 months     school year     1 year     more than 1 year

**Please indicate the time slots you are available for volunteer service:**

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Mornings							closed
Afternoons							
Evenings							

***By signing below, I certify that the information I have provided in this application is accurate and true to the best of my knowledge, and that no assertions have been falsified.***

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Note:* The Free Clinic reserves the right to decline volunteer assistance, when necessary. Completed volunteer applications and written qualifications do not guarantee an individual's placement within the organization's volunteer program. Selection and appropriateness for all volunteer positions will be at the discretion of the department directors.

**<<FOR OFFICE USE ONLY>>**

◆ App Rec'd: _____ <input type="checkbox"/> Ref 1 <input type="checkbox"/> Ref 2 <input type="checkbox"/> Resume <input type="checkbox"/> Prof. License    ◆ Interview: _____    ◆ Start: _____



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## Volunteer Professional Reference Check Form

**Volunteer applicant:** Please distribute this form to the person providing your professional reference. It is your responsibility to ensure that the form is collected and submitted along with your volunteer application.

**Reference:** Thank you for recommending this applicant. Please complete the form and enclose it in a secured envelope, placing your signature over the sealed flap, and return the confidential reference to the applicant (preferable) for submission with his/her application. Thanks!

Potential Volunteer's Name: \_\_\_\_\_

Reference Name: \_\_\_\_\_ Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Please circle the number in the scale that best reflects your assessment of the applicant.**

How would you rank the individual's...	LOW	AVERAGE			HIGH
Quality of work?	1	2	3	4	5
Dependability?	1	2	3	4	5
Compassion for others?	1	2	3	4	5
Judgment and problem-solving skills?	1	2	3	4	5
Interpersonal communication with co-workers / peers?	1	2	3	4	5
Interaction with clients / patients / customers / others?	1	2	3	4	5
Leadership capabilities?	1	2	3	4	5

- 1) How long have you known this individual, and in what capacity?
- 2) The applicant may be providing direct patient services to a diverse, urban population. In order to ensure the highest possible quality of care, please indicate any reservations you may have about his/her ability to perform in this capacity.
- 3) What do you consider to be the applicant's character strengths and how have they been demonstrated?
- 4) In what areas do you feel the applicant needs improvement?
- 5) Would you recommend this individual for a volunteer position with our organization?

*Additional comments can be written on the back of this form.*

Reference's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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