BEAUREGARD AGAPE COMMUNITY CLINIC
VOLUNTEER APPLICATION

Dear Prospective Volunteer:

Thank you for your interest in volunteering to serve in the Beauregard Agape Community Clinic. Volunteer service makes possible the provision of quality health care to some who would otherwise not be able to receive the care they need. Service here carries with it important responsibilities and some restrictions which are unique to working in a health care facility. The most important of these relates to the confidentiality of the facility-patient relationship and the information concerning patients. This confidentiality is protected by Federal law and by State laws. You will be required to sign your pledge to obey the policies of the clinic concerning this and other matters such as dress and behavior after they have been explained to you in an orientation session.

The Clinic is a non-profit corporation chartered under the laws of the State of Louisiana. It is governed by a Board of Trustees comprised of local men and women with specific skills and an interest in the mission of the Clinic who volunteer their time and expertise to help make the Clinic successful.

Our mission is to help many in our community who work but lack health insurance and adequate resources to provide for their health care needs, including medication. We appreciate your willingness to support this work with your own particular skills and personality. All who serve here are volunteers, and with your help, we can make a difference.

Please provide the information requested below. When your application is approved, you will be contacted for the orientation session. If you are not contacted in a reasonable time, please feel free to check back with us. Thanks.

Name _____ Date of Birth _____/_____/_____
Last First Middle Preferred Mo Day Yr.

Address _____ Phone _____
Street City State Zip Home

_____
Work

E-Mail _____

_____
Cell

Have you ever been convicted of or pled no contest to the charge of a felony? _____ If yes, give details.
_____

AREA OF PREFERENCE FOR SERVICE – Check as many as you would like

Professional (licensed) – We will need a copy of your professional diploma and current year's license.
Physician ____ Nurse (NP, RN, LPN) ___ Nursing assistant ____ Lab tech ____ Optometrist ___ Dentist ___
Pharmacist ____ Pharmacy tech ____ Psychologist ____ Social Services ____ Nutritionist ____ Other _____

Other areas of service – Chaplain ___ Interviewer/screener ____ Computer tech ____ Data entry _____
Newsletter/publicity ____ Receptionist/greeter _____ Special events _____ Translator/interpreter _____
Housekeeping/building maintenance _____ Food for volunteers _____ Other _____

Signature _____ Date _____