RUTLAND COUNTY
FREE CLINIC
A path to good health.

145 STATE STREET | RUTLAND, VT 05701
PH: 802-775-1360 | FAX: 802-774-5004

Dear Friend,

Thank you for your interest in volunteering with the Rutland County Free Clinic! Through the generosity of our volunteers, we are able to help many uninsured and underinsured adult members of our Rutland County communities meet their essential healthcare needs.

Please find our **New Non-Clinical Volunteer** documents enclosed which you must complete and submit in order to officially apply as a volunteer with Park Street Healthshare, Inc. dba The Rutland Free Clinic.

The following documents must accompany your completed application:

- ☐ A copy of your current CPR or ACLS certification (if any)
- ☐ A copy of your current driver's license ***or*** passport

If you have any questions as you process your application, please contact me directly at (802) 774-1085 or email tiap@rutlandcountyfreeclinic.org. I look forward to receiving your application and assisting you in establishing a volunteer experience that you will cherish.

Peace and good health,

Tia M. Poalino
Executive Director

Enclosures: Non-clinical Volunteer Application, Confidentiality Agreement and Promotional Consent form.

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Non-Clinical Volunteer Application

Name: ______________________________ Date: __________

Former name when attending school: ______________________________

Address: ______________________________

Phone: (H) __________ (W) __________ (C) __________

Email: ______________________________

Are you currently in school? N Y If yes, when do you graduate? __________

Have you volunteered at the Free Clinic before? If yes, in what capacity? __________

____

What skills will you bring to the clinic? ______________________________

____

Hours and days you are available to volunteer: ______________________________

How often would you like to volunteer? ______________________________

Do you speak another language other than English? If so, which language?

How did you learn about the Rutland County Free Clinic? __________

____

The Clinic's malpractice insurance is provided by the Federal Government through the Federal Tort Claims Act; Free Clinics Insurance Program. In order for you to volunteer with the clinic, you must be deemed (approved) by the FTCA government program. This may take up to 8 weeks and the following information is necessary to complete this process:

Date of Birth: __________ Social Security Number: __________

Employer Name and Address: ______________________________

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Do you hold any current professional licenses? N Y State:________Occupation:__________________

Are you currently covered by any malpractice Insurance? N Y Company:______________________

Do you have any malpractice claims against you, past or pending? N Y If yes, lease explain (attach additional sheets if necessary).

Are you CPR Certified? N Y

Are you interested in becoming certified in CPR or obtaining any other medical/health related certifications? If yes, please describe.

Please list the name, email and/or phone number of two (2) professional references who have worked with you and one (1) reference from a community member. (please do not list relatives):

Name:____

Email:_____________________________________Phone:______________________________

Name:____

Email:_____________________________________Phone:______________________________

Name:____

Email:_____________________________________Phone:______________________________

Have you ever been convicted of a crime? N Y – Please explain (attach additional sheet if necessary)________

____

Your signature below indicates your permission to allow Park Street Healthshare, Inc., DBA Rutland County Free Clinic staff to contact the references listed above and that the information provided in this application is correct.

Signature: ____Date:____________________

Opportunities for volunteers are provided without regard to religion, creed, race, national origin, age, sexual orientation, or gender.

Please submit your completed application to Tia Poalino at tiap@rutlandcountyfreeclinic.org or to her attention at The Rutland Free Clinic, 145 State Street, Rutland, VT 05701. Thank you!

Confidentiality Acknowledgement & Agreement

I understand that it is my responsibility as a Volunteer to:

1. Find a private space to review sensitive information with a patient, such as, review of a test result, inquire about a medication dosage, or pose a financial question.
2. Refer to patients in the waiting room by first name only.
3. Not discuss patient information in front of others. The casual banter between staff may divulge confidential patient information.
4. Be mindful that the written record is an extension of the patient. Read only what you need to read in order to deliver care, and keep the record protected from the casual glance of others.
5. I shall refer any special requests for information to either the Clinic Manager or Executive Director.
6. I am not at liberty to share that an individual is or is not a client without written consent from the client.
7. If a client has consented or requested, in writing, that information be released, I will comply at the direction of the Clinic Manager or when appropriate, the Executive Director.

I agree to inform the Executive Director immediately if I believe any violation of the above guidance has occurred (unintentional or otherwise).

____

Name (please print) Signature Date

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Photo/Promotional Consent

I agree to permit Park Street Healthshare, Inc to use my photograph for promotional and/or volunteer appreciation purposes. (If you do not agree, please check here: ▫).

I agree to permit Park Street Healthshare, Inc to list my name as a volunteer for publications, promotional, and/or volunteer appreciation purposes (If you do not agree, please check here: ▫)

Printed Name:____

Position/Title applying for: ____________________________________

Date:____________________

Signature:____