



## Patient Care Volunteer Application

Name: Last	First	Middle
S.S.#	Date of birth	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Phone: Business	Home	Cell
Fax.#		E-mail address
What is your preferred form of communication? (Please number 1-4) Business phone _____ Home phone _____ Cell phone _____ E-mail _____		
Your professional specialty		
Professional school attended		Year of Graduation
Retired: <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes", what year did you retire?		

Mailing Address	Street		
City	State	Zip Code	County

Upon receipt of your application, we will contact you or your designee to discuss arrangements. If applicable, please provide the name of someone who can act as a liaison between you and San José Clinic.

Designated Liaison/ Office Assistant:	Name	Phone #	E-mail
--	------	---------	--------

Emergency Contact	Name	Relationship
Daytime phone #	Cell phone #	

Have you ever volunteered your professional services?  Yes  No

If "yes", please fill in the information below: (You may use the back, if needed.)

Company's Name	Month and year-- Start date: _____ Finish date: _____	
Services provided		
Supervisor's name	Phone number	E-mail address
May we contact your previous volunteer supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Do you have any physical limitations? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes", please explain:	
Are you CPR Certified? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you ACLS Certified? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you received the Hep B Vaccine? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you been tested for TB? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when? _____
Are you bilingual? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes", what languages do you speak?	
Are you required to do volunteer service hours by a court order? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes", why?	

**San José Clinic – Hours of Operation:**

Monday-Friday 8 am – 5 pm (Medical and Dental)  
3<sup>rd</sup> Saturday of every month 8 am – 2 pm (Medical Only)

I would be willing to volunteer:  weekly  monthly  yearly  other \_\_\_\_\_

The most convenient day for me to volunteer is:  Monday  Tuesday  Wednesday  Thursday  Friday  Saturday

The most convenient hours for me would be:  8:30 am–4 pm  8 am–12 pm  12:30 pm–4:30 pm  other \_\_\_\_\_

Type of patient:  adult  child

How did you hear about San José Clinic?  San José Clinic volunteer  San José Clinic website

San José Clinic employee  church  friend  advertisement  other \_\_\_\_\_

**References**

Please provide contact information for *two non-family members* who have known you for a *minimum of one year*:

Name: Last	First	Middle initial
Relationship	E-mail address (optional)	
Daytime phone #	Home phone #	

Name: Last	First	Middle initial
Relationship	E-mail address (optional)	
Daytime phone #	Home phone #	

**Credentialing**

As required by all healthcare facilities, we will need copies of the following items before you join San José Clinic’s volunteer team. **Please include a current copy of all the following items that apply to your profession.**

- Texas Drivers License
- DEA Certificate
- Texas Medical/Dental License or Certification
- Malpractice Insurance \*\*
- DPS Drug Certificate
- Current C.V./Resume
- NPI number

**\*\*Volunteer Medical Providers who do not have malpractice insurance – a policy is available through the Federal Torts Claim Act per the Clinic’s request. Once requested, please allow six weeks for this insurance to be effective.**

List all active professional licenses:

Type	State	Number	Date Issued	Expiration Date

**Consent**

All information submitted in this application is true to the best of my knowledge. I release from liability San José Clinic for its acts performed in connection with obtaining and evaluating my application, credentials, qualifications and background check.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please send your completed application to San José Clinic’s Volunteer Department in one of the following ways:

**Mail:** San José Clinic  
Attn: Volunteer Department  
PO Box 2808  
Houston, Texas 77252-2808

**-or-**

**Fax:** 713-228-9414

Please feel free to contact San José Clinic’s Volunteer Department at 713-228-9413 or [volunteer@sanjoseclinic.org](mailto:volunteer@sanjoseclinic.org).