



SAN JOSÉ CLINIC Patient Support Volunteer Application
(Non-Healthcare Professionals)

First Name: _____ Last Name: _____ Middle Name: _____

Suffix (Jr., III, MD, etc): _____ Last 4 digits of SSN: _____ Date of Birth: _____

Business Phone: _____ Cell Phone: _____ Gender: Male Female

Fax Number: _____ Email Address: _____

Preferred Primary Contact Method: Business Phone Cell Phone Email Address

Mailing Address: _____ City: _____ State: _____ ZIP: _____

Occupation: _____ Employer: _____

Emergency Contact Information

Contact Name: _____ Relationship: _____

Daytime Phone: _____ Cell Phone: _____

Education

High School Degree? Yes No Equivalent Diploma/GED? Yes No

College Degree? Yes No Institution: _____

Degree/Diploma: _____ Major(s): _____ Dates: _____

Post Graduate? Yes No Institution: _____

Degree/Diploma: _____ Major(s): _____ Dates: _____

General Information

Physical limitations? Yes No *If yes, please explain:* _____

Any special interests, training or skills that may assist you performing your volunteer duties: _____

Have you ever worked or volunteered in a healthcare facility? Yes No *If yes, where, in what capacity, and how long?:* _____

Are you required to do volunteer service hours by court order? Yes No *If yes, why?* _____

Have you ever been convicted of a crime other than a misdemeanor? Yes No

Volunteer Experience

Have you ever volunteered in the past? Yes No *If yes, please fill in the information below. You may use additional pages if needed.*

Company Name: _____ Start Date: _____ End Date: _____

Job Title / Services Provided _____

Supervisor's Name: _____ Phone: _____ Email: _____

Language Skills: On a scale of 1-5, with 1 being the lowest and 5 being the highest, please rate your skill level for the categories below.

English: *Speak:* Yes Level: ____ No *Read:* Yes Level: ____ No *Write:* Yes Level: ____ No

Spanish: *Speak:* Yes Level: ____ No *Read:* Yes Level: ____ No *Write:* Yes Level: ____ No

Other: *Speak:* Yes Level: ____ No *Read:* Yes Level: ____ No *Write:* Yes Level: ____ No

List: _____

Volunteer Opportunities *Please indicate the areas where you would like to volunteer.*

- | | |
|--|--|
| <input type="checkbox"/> Patient Access (patient translation*, administrative tasks) | <input type="checkbox"/> Operations / Administration (data entry, short-term projects) |
| <input type="checkbox"/> Medical (patient translation*, administrative tasks) | <input type="checkbox"/> Development (donor relations, event assistance, administrative tasks) |
| <input type="checkbox"/> Dental (patient translation*, administrative tasks) | <input type="checkbox"/> IT Support (technical support, programming assistance) |
| <input type="checkbox"/> Pharmacy (patient translation*, administrative tasks) | <input type="checkbox"/> Human Resources (administrative tasks) |

**Bilingual Spanish Level 3+ Required
if interested in translating*

Volunteer Availability *(Clinic Operating Hours: 8am-5pm Monday-Friday, 8am-12pm 3rd Saturday of each month)*

I am available to volunteer: *Monthly* *Weekly* *Yearly* *Other:* _____

The most convenient day(s) for me to volunteer is/are: *Monday* *Tuesday* *Wednesday* *Thursday* *Friday* *Saturday*
(3rd Sat./mo.)

The most convenient time for me to volunteer is: *8 am - 5 pm* *8 am - 12 pm* *12:30 pm - 5 pm* *Other:* _____

How did you hear about San José Clinic?

Clinic volunteer: _____ (name) *Church:* _____ (name) *Clinic website* *Other:* _____ (explain)

Clinic employee: _____ (name) *Friend:* _____ (name) *Advertisement* *Fair / Outreach Event*

Educational Requirements

Is volunteering required for the completion of education requirements? Yes No *If yes, please fill in the information below, and attach course objectives.*

School: _____ Program: _____

Time Frame to Complete: _____ Hours Required: _____ Currently Enrolled? Yes No

Professional References - List two references that can verify your work experience, for example: one non-family member who has known you for a minimum of one year, **and** one supervisor (past or present).

Reference Name: _____ Relationship: _____
Daytime Phone: _____ Email Address: _____
(required)

Reference Name: _____ Relationship: _____
Daytime Phone: _____ Email Address: _____
(required)

Patient Support Application Checklist

Please submit all applicable documentation. All applicable items on the checklist must be submitted for your application to be processed.

Volunteer Application CV or Resume Copy of government issued photo ID*
**Original also required at orientation*

Once your application has been approved by your department of interest, you will receive information regarding a background check and Clinic orientation.

Why are you interested in volunteering at San José Clinic?

Your role at San José Clinic is intended as a volunteer position and not intended as employment or a contractual relationship. This means you agree to perform all duties on a voluntary basis and you will not receive remuneration or payment for your service.

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. I further confirm that I have the ability to perform the requested privileges. By typing my name in the space labeled "signature" below (which shall constitute my signature) and submitting this document to San José Clinic, I confirm the above representations and the information I have provided is accurate and that I have the authority to sign this form.

Signature: _____ Date: _____

If I am submitting this form electronically: By typing my name in the spaces labeled "signature" above (which shall constitute my signature) and submitting this document to San José Clinic, I confirm the above representations and the information I have provided is accurate and that I have the authority to sign this form.

Please send your completed application to San José Clinic's Volunteer Department via mail, fax, or email.

Mail: San José Clinic attn: Volunteer Dept. Fax: (713) 228-9414
PO Box 2808, Houston, TX 77252-2808 Email: volunteerapp@sanjoseclinic.org

For questions or additional information, contact the San José Clinic Volunteer Department at (713) 228-9413 or volunteer@sanjoseclinic.org Thank you for supporting the mission of San José Clinic - to provide quality healthcare and education to those with limited access to such services in an environment which respects the dignity of each person.