



..... FOR OFFICE USE ONLY

Date Received: _____ Date of Tour: _____ Orientation Date: _____ Start Date: _____

Volunteer Type: _____ Processed By: _____ Approved: Y / N _____

VOLUNTEER APPLICATION

We consider applicants for all volunteer positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

PERSONAL INFORMATION

Name: _____ Birth Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Employer: _____ Work Phone: _____

Home Phone: _____ Cell Phone: _____

E mail Address: _____

VOLUNTEER SERVICES

Please mark "X" in the area in which you are licensed and provide your license number:

1. Physician (MD, DO) - License #: _____ NPI #: _____
2. Family Nurse Practitioner (FNP) - License #: _____
3. Physician Assistant (PA) - License #: _____
4. Clinical Nurse Specialist - License #: _____
5. Nurse (RN, LVN) - License #: _____
6. Pharmacist (RPh) - License #: _____
7. Pharmacy Technician - License #: _____
8. Dentist - License #: _____
9. Dental Assistant - License #: _____
10. Dental Hygienist - License #: _____

Please mark "X" in the area you have skills or interest:

- | | |
|--|--|
| 11. <input type="checkbox"/> Patient Registration/Office | 12. <input type="checkbox"/> Daytime Projects (clerical) |
| 13. <input type="checkbox"/> Spanish Interpreter | 14. <input type="checkbox"/> Other: _____ |

Please list your Occupation / Specialty: _____

Do you attend a Church? If so, which one? _____



LANGUAGE SKILLS

Do you speak fluent Spanish? Yes No Some Other Language: _____

SCHEDULE PREFERENCES

Preferred day of the week: Monday Tuesday Wednesday Thursday Friday

How often? 1x Week 1x Month 2x Month 1 x every other month

I am interested in a set schedule

VOLUNTEER EXPERIENCE / GOALS

Have you volunteered elsewhere? If so, where? _____

Why do you want to volunteer at Samaritan Health Ministries?

What would you consider your strengths? Weaknesses?

Please list any other skills or experience (such as website design, marketing, writing, fundraising)

How do you like to be recognized? Ex: Cards/notes, Social Media, Small gifts, etc.

How did you hear about us? _____

REFERENCES

Name & Phone : _____ Name & Phone: _____

EMERGENCY CONTACT

Name & Phone: _____ Relationship: _____

CONVICTION RECORD STATEMENT

Have you ever been convicted of, or received deferred adjudication for, a crime? Yes No

If yes, please explain: _____



AGREEMENT

I (print full name) _____ authorize any inquiry to be made on any information contained in this application if I am considered for volunteer placement which will include a background check. I understand that all files and records maintained by the Samaritan Health Ministries (SHM) are privileged and confidential. Any and all information that I may have access to may not be released or communicated to others unless authorized by the Executive Director or staff member who has also been authorized by the Executive Director to make that determination. I understand that I will be expected to treat all patients, volunteers and staff with respect. I understand and consent that any photos or video taken of me while at the Clinic can be used for Clinic purposes. I acknowledge my understanding of the conditions of my voluntary service for the SHM and acknowledge and understand that I must conform to the rules and regulations of the SHM to the best of my ability or my voluntary services may be terminated.

Signature: _____

Date: _____

DPS Computerized Criminal History (CCH) Verification

(AGENCY COPY)

I, _____, have been notified that a Computerized Criminal History (CCH) verification check will be performed by accessing the Texas Department of Public Safety Secure Website and will be based on name and DOB identifiers I supply.

APPLICANT or EMPLOYEE NAME (Please print)

Because the name-based information is not an exact search and only fingerprint record searches represent true identification to criminal history, the organization conducting the criminal history check for background screening is not allowed to discuss any criminal history record information obtained using the name and DOB method. Therefore, the agency may request that I have a fingerprint search performed to clear any misidentification based on the result of the name and DOB search.

For the fingerprinting process I will be required to submit a full and complete set of my fingerprints for analysis through the Texas Department of Public Safety AFIS (Automated Fingerprint Identification System). I have been made aware that in order to complete this process I must make an appointment with L1 Enrollment Services, submit a full and complete set of my fingerprints, request a copy be sent to the agency listed below, and pay a fee of \$24.95 to the fingerprinting services company, L1 Enrollment Services.

Once this process is completed and the agency receives the data from DPS, the information on my fingerprint criminal history record may be discussed with me.

(This copy must remain on file by your agency. Required for future DPS Audits)

Signature of Applicant or Employee

Date

Agency Name (Please print)

Agency Representative Name (Please print)

Signature of Agency Representative

Date

Please: Check and Initial each Applicable Space	
CCH Report Printed:	
YES <input type="checkbox"/>	NO <input type="checkbox"/> _____ initial
Purpose of CCH: _____	
Hire <input type="checkbox"/>	Not Hired <input type="checkbox"/> _____ initial
Date Printed: _____	_____ initial
Destroyed Date: _____	_____ initial
Retain in your files	