**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: ________________ SSN: ____________

### VOLUNTEER SERVICES

Please mark “X” in the area 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. [ ] Patient Registration/Office
12. [ ] Daytime Projects (clerical)
13. [ ] Spanish Interpreter
14. [ ] Other: __________________

Please list your Occupation / Specialty: ____________________

Do you have privileges at any local hospital(s)? ____________________
**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?
________________________________________
Please list any other skills or experience (such as website design, marketing, writing, fundraising)
________________________________________
How did you hear about us? ______________________________

**REFERENCES**
Name & Phone: __________________________ Name & Phone: __________________________

**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: ___________________
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.

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 □ NO □ □ □ □ initial

Purpose of CCH:

________________________

Hire □ Not Hired □ □ □ □ initial

Date Printed: □ □ □ □ initial

Destroyed Date: □ □ □ □ initial

Retain in your files

Rev. 02/2011