



bringing hope and health to our community...

Dear Interested Volunteer,

Thank you for considering becoming a volunteer for Salem Free Clinics (SFC). If not for caring individuals like you, we couldn't deliver vital medical care to the uninsured in our community. Below you will find helpful information in determining if SFC is a fit for you at this time. It is important to identify how well our requirements and needs line up with your skills, availability, priorities and/or goals prior to submitting the application. This ensures that the time you invest in your volunteer experience is fruitful and beneficial to you and us.

- If you have not already been in contact with us, please reach out to us by submitting your information on our inquiry form on our webpage at www.salemfreeclinics.org and clicking on the volunteers>new volunteers tab. If you are scheduled an informational meeting/tour of the clinic, we will let you know about possible roles and current openings in our schedule at that time. We consider skills, motivation, and passion for our mission when selecting volunteers. Prior experience is not necessarily required, but helpful. **NOTE:** An informational meeting/tour is needed prior to submitting your application.
- A regular commitment of at least once a month is necessary to be an active volunteer. Some roles require a biweekly commitment.
- Volunteers must have, at a minimum, a comfort level with using a computer that involves accessing email and navigating an online scheduling system.
- A current TB test (within past 9 months) is required prior to submitting your application. You can obtain this at Salem Occupational Health, located at 1880 Lancaster Dr. NE, Suite 102. Bring this cover letter in order to receive special pricing of \$2.50. Testing is available on a walk-in basis weekdays except Thursdays. This process will require two visits and you will be given paper results to include with your application once you have completed the second visit within the required time frame. For more information, contact Salem Occupational Health at (503) 362-5242. In addition to including your TB results with your application, please make sure that you have signed and dated where necessary on the application.
- If approved to become a volunteer, you will be required to attend New Volunteer Orientation (NVO) which takes about 75 minutes. Prior to attending, there will be online mandatory video trainings and accompanying policies to review. These will take you approximately 90 minutes to complete and will need to be done prior to NVO.
- We expect volunteers to complete their training, which usually consists of 2-3 full shadow shifts (not including orientation training) within 1 month, if possible. If you are unable to fulfill the training requirements in the designated timeframe, please let us know so we can extend your training period or open the position to another volunteer.

Note: if you are interested in volunteering with our partner site in Dallas, you can check the box on the application and we will direct your application after you complete NVO.

If you have any other questions, don't hesitate to contact me by email at jenniep@salemfreeclinics.org or phone at 503-990-8772 x3.

Sincerely,

Jennie Pino
Volunteer Coordinator
Salem Free Clinics



<p style="text-align: right;"><i>Office Use Only:</i></p> <p>Volunteer Role : _____</p> <p>Start Date : _____</p>

SALEM FREE CLINICS
 1300 Broadway NE #104, Salem, OR 97301
 Phone: 503-990-8772
 Fax: 503-990-8774
 www.SalemFreeClinics.org
Volunteer Application – General
 (Admitter, Med Records, Clinic Assistant, Prayer, Interpreter, General Admin)

Salem Free Clinics (SFC) exists to provide quality, compassionate health care at no cost to the uninsured in our community as an expression of Christ's love

Where are you interested in volunteering?

- Broadway (main location) Polk Community Free Clinic – Dallas, OR

GENERAL INFORMATION:

Name: _____ Date of Birth: _____
 Address: _____ City _____ State: _____ Zip: _____
 Home Phone: _____ Cell Phone: _____
 Email Address: _____

Employer: _____ Address: _____
 Job Title: _____ Years Worked: _____ Work Phone: _____
 Job Duties: _____

EMERGENCY CONTACT INFORMATION:

Spouse (if married): _____ Phone: _____
 Other Contact Name: _____ Relationship: _____
 (H): _____ (C): _____ (W): _____

BACKGROUND INFORMATION:

In what other organizations have you served as a volunteer?

Have you ever been convicted of a crime? No Yes
 If yes, please explain:

VOLUNTEER INFORMATION:

How did you hear about SFC?

Are you affiliated with a faith community? No Yes If so, Where:

Do you speak another language? No Yes If yes, what language(s):
 Are you willing to be an interpreter? No Yes

REFERENCE INFORMATION:

List two people that you know that meet the following criteria:

1. They are over 18 years old and are not related to you.
2. Have known you for more than 1 year.
3. Has a definite knowledge of your character.

Name: _____ Nature of association: _____

Occupation: _____ Length of time known: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work/Cell Phone: _____

Name: _____ Nature of association: _____

Occupation: _____ Length of time known: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work/Cell Phone: _____

The information I have provided may be verified, if necessary, by contacting persons or organizations named in this application, or by contacting any person or organization that may have information concerning me, or by conducting a criminal background check. I hereby release and agree to hold harmless from liability any person or organization that provides information. I also agree to support Salem Free Clinics mission, values, policies and procedures. In signing this agreement I recognize that I am putting myself under the authority of the SFC Board of Directors and leadership of the clinic.

Signature: _____ Date: _____

ADDITIONAL COMMENTS AS NEEDED:

TB Screening & Hepatitis B Vaccination Policy

PRIOR TO APPLICATION SUBMISSION, PLEASE COMPLETE THE PORTION(S) OF THIS FORM AS INDICATED BELOW AND ATTACH SCREENING RESULTS (REQUIRED FOR ALL) AND VACCINATION RECORDS (IF APPLICABLE).

TB Screening & Hepatitis B Vaccination policy requirements for Salem Free Clinics by application type:

General Volunteer (non-licensed): TB test that is current within 9 months of this application. Results must be attached to application prior to submission. It is not required that you fill out the Hep B Vaccination portion.

Other Professional Volunteer (licensed): TB test that is current within 9 months of this application. Results must be attached to application prior to submission. Completion of the Hepatitis B Vaccination section with attached documentation if applicable.

TB Screening

- I certify that my PPD skin test was **negative** as of ____ (date performed). I currently have no symptoms of active TB disease. (Attach test information with application.)
- I certify that I am PPD skin test **positive** and have had (or am currently undergoing) appropriate evaluation and/or treatment for my positive skin test. I currently have no symptoms of active TB disease.

Hepatitis B Vaccination

- I certify that I have been vaccinated for Hepatitis B. The series of three injections was completed on or about _____. (Date or approximate date of completion.)
- I am in the process of having the Hepatitis B series of three injections completed. The anticipated date of completion is _____. (Provide verification to clinic when completed.) I understand that I cannot have direct patient care until this process is completed, but can work behind the scenes work in the clinic on non-clinic days.
- I have not had the Hepatitis B series of three injections and choose not to participate in the treatment series.

Signature

Date

Printed Name

CRIMINAL HISTORY SCREENING CONSENT FORM
Staff and Volunteers

INSTRUCTIONS:

Please answer all questions on this form. Do not leave any areas blank. If information requested does not apply to you, write "NA" for not applicable or the word "none."

By providing your social security number, we will use it to ensure that we do not misidentify you. *Giving your social security number on this form is voluntary.* If for any reason we are unable to complete this background check, we may ask you to provide additional means of identification. Your social security number will be used only as stated above. State and federal laws protect the privacy of your records.

COMPLETE THE FOLLOWING INFORMATION: (please print clearly)

Print Name: _____

Date of Birth (MM/DD/YR): _____ Gender: Female Male

Social Security/USCIS# (Optional): _____ Place of Birth: _____

Address: _____
Street City State Zip

How long have you lived in Oregon (in years)? _____

If less than seven (7) years, list all states where you have previously lived and during which years: _____

Maiden/all other names previously used: _____

**Authorization to Release Information
(Release from Liability and Waiver)**

To any law enforcement agencies, civil records authorities and SFC: I authorize you to release to SFC any and all information and civil or criminal records naming me, including all entries where I am named as being arrested, as a suspect, as being cited for any crime, violation, infraction or offense, or as otherwise involved or named in any report by any member agency of your organization. The information that I have provided is accurate to the best of my knowledge and may be verified, if necessary by contacting persons or organizations named in this application, or by contacting any person or organization that may have information concerning me, or by conducting a criminal background check. I hereby release and agree to hold harmless from liability any person or organization that provides information. I also agree to hold harmless SFC and employees and volunteers thereof.

Applicant Signature: _____ Date: _____

Please do not submit this document electronically. Print it off and mail it to the address located at the top of the application or deliver in person to the clinic with your signature.