

Genesis World Mission & Garden City Community Clinic

Volunteer Application

Name (Last, First M.I.) please print Home Phone #

Street or Mailing Address Email Address Work Phone #

City State Zip Cell/Mobile Phone #

Employer Occupation Date of Birth (m/d)

Previous Work Experience Professional License (please attach current copy)

Volunteer Experience

Affiliated with a local church? If yes, name of church

How did you hear about us?

2 References (Not Relatives)

Full Name Full Name

Address Address

Phone # Phone #

Indicate the day(s) of the week in which you can volunteer:

- Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Indicate the time of day you are available to volunteer:

- Mornings Afternoons Evenings Anytime

Indicate your areas of interest and/or expertise:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Clinic Provider | <input type="checkbox"/> Intake/Eligibility | <input type="checkbox"/> Social Worker | <input type="checkbox"/> Counselor |
| <input type="checkbox"/> Clinic RN | <input type="checkbox"/> Dentist | <input type="checkbox"/> Handyman | <input type="checkbox"/> Grant Writer |
| <input type="checkbox"/> Clinic Pharmacist | <input type="checkbox"/> Dental Hygiene | <input type="checkbox"/> Grant Researcher | <input type="checkbox"/> Landscaping/Grounds |
| <input type="checkbox"/> Clinic Pharm Tech | <input type="checkbox"/> Dental Asst. | <input type="checkbox"/> Patient Education | <input type="checkbox"/> GAP Med Assist |
| <input type="checkbox"/> International Missions | <input type="checkbox"/> Other: _____ | | |

I, _____, hereby state the above information is correct
print name

Signature of Volunteer Applicant Date

Title 39 Health and Safety Chapter 77 Volunteer Health Care Provider Immunity From Liability for Health Care Providers Providing Charitable Medical Care

"Any Health care provider who voluntarily provides needed medical or health care services to any person at a free medical clinic without compensation...shall be immune from liability for any civil action arising out of...such...service."

Genesis World Mission/Garden City Community Clinic

Volunteer Code of Conduct and Confidentiality Agreement

Genesis World Mission is a non-denominational Christian organization working to convey the love of Jesus Christ by meeting the physical, medical, and spiritual needs of the less fortunate, both globally and locally.

As a Volunteer of Genesis World Mission in any of its projects, I understand the stated mission of the organization. With that mission in mind, I affirm I will conduct myself in accordance with the following standards.

I agree to serve as a volunteer and commit to the following:

1. To perform my volunteer duties to the best of my ability
2. To adhere to the policies and procedures, including record keeping requirements, client confidentiality and agreed upon medical scope of practice.
3. To meet time and duty commitments, or to provide adequate notice so that alternate arrangements can be made

I agree to treat each patient as the most important patient in my care, attending promptly to his or her needs and concerns; acting always in his or her best interest.

I agree to be attentive, patient and kind; understanding that patients and families are in a stressful situation and an unfamiliar environment.

I agree to greet patients, families, visitors and co-workers with a warm welcome and genuine smile.

I agree to invite service comments and concerns, responding immediately to customer dissatisfaction with a sincere apology and offer to remedy the situation.

I agree to honor the intent of donated materials and follow established protocol in all areas, including those regarding my own personal needs.

I agree to conduct myself in a manner consistent with the vision of Genesis World Mission.

I agree in perpetuity to allow Genesis World Mission to use my likeness in a photograph in any and all of its publications, including website entries, without payment or any other consideration.

I agree that as a volunteer I will come to know confidential information found in a medical setting. I will not disclose or discuss such privileged information to anyone. I will not reveal names of patients, nor visit a patient I know unless that information has come to me outside of clinic records. Any specific patient and physician medical information will not be discussed in any public area of the clinic, or outside of the clinic.

I agree that if I am performing any volunteer function that requires a medical license in the State of Idaho, that I am currently licensed and that my license has neither been revoked nor suspended. I promise that should it become suspended, revoked or lapsed that I will notify Genesis World Mission within 30 days and will not be able to volunteer for those responsibilities anymore.

I authorize GWM to add me to their regular email newsletter list and regular mailings from which I can later request to be removed from.

The manner in which Genesis World Mission strives to treat all individuals is with dignity, respect and empathy, placing the needs of those we serve above our own, regardless of our judgment of their worthiness to receive it.

I understand that any breach of confidentiality will result in the termination of my volunteer position.

Printed Name

Date

Signature

Date