



Dear Volunteer:

Thank you for your interest in volunteering at Care for Your Health Inc!

Care For Your Health, Inc encourages the participation of volunteers who support our mission. If you agree with our mission and are willing to be interviewed and trained in our procedures, we encourage you to complete this application. The information on this form will be kept confidential and will help us find the most appropriate volunteer opportunity for you. We appreciate the people from our community who are willing to join hands with us to make a difference by assisting us in providing life-enhancing health services.

We need bilingual (Spanish/English) volunteers for the following: Nurse Practitioners, Physician Assistants, Registered Nurses, Medical Assistants, Administrative Assistants, Referral Coordinators, Billing, Receptionist, Marketing and Interpreters.

The greatest rewards come from the heart, and you can make a difference in someone's life by starting with these easy steps.

Complete and submit your application to ssaravia@care4yourhealth.org. Once you receive an application confirmation email, there is a 3 – 5 days processing period.

After your application is processed:

1. The HR Manager will contact you to schedule an interview.
2. You will be scheduled for an orientation, introduced to the Clinic and given an overview of essential topics for all Clinic personnel, including confidentiality and privacy issues, safety issues, HIPAA and OSHA training, and basic orientation to our computer software, eCW.
3. Documentation needed: (if applicable)
 - a. License
 - b. BLS/CPR
 - c. Resume along with 2 forms of government IDs
 - d. Heb B
 - e. TB (if positive, x-ray report is needed)
 - f. Flu/Covid Vaccines

We look forward to receiving your completed application. In the meantime, if you have any questions, please feel free to email ssaravia@care4yourhealth.org.



Volunteer Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: (____) _____ E-mail Address: _____
Employer: _____ Current position: _____ Social Security #
Last 4 digits: _____

Skills and Interests

Any special talents or skills you have that you feel would benefit our organization?

Do you have had experience with medical volunteering in the past? Please briefly explain below:

Interests: Please tell us in which areas you are interested in volunteering

___ Administrative Assistant ___ Community Events ___ Home Based RN ___ Office Based RN ___ Billing
___ Physician Assistants ___ Nurse Practitioner ___ Receptionist ___ Medical Assistant ___ Interpreter
___ Referral Coordinator ___ Marketing ___ Other Please specify: _____

Availability

Please indicate times and days available:

Mondays Start: _____ End _____ Tuesdays Start: _____ End _____
Wednesdays Start: _____ End _____ Thursdays Start: _____ End _____
Fridays Start: _____ End _____ Saturdays Start: _____ End _____
Sundays Start: _____ End _____ Other: _____

References

Please provide contact details of 2 references (over 18, not a family member and who have known you for more than a year.

1. Name: _____ Relationship: _____

Phone: () _____ Email: _____

2. Name: _____ Relationship: _____

Phone: () _____ Email: _____

Emergency Information

Any physical limitations or restrictions? _____

In case of emergency contact name: _____ Relationship: _____

Home Phone: _____ Other phone: _____

Address: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

As a volunteer of Care For Your Health, Inc (C4YH) I agreed to abide by the policies and procedures. I understand that I will be volunteering at my own risk and that C4YH, its employees and affiliates, cannot assume any responsibility for any liability for any accident, injury or health problem which may arise from any volunteer work I perform for the organization. I agree that all the work I do is on a volunteer basis, and I am not eligible for to receive any monetary payment or reward.

Signature of Applicant: _____ Date: _____

Thank you for completing this application form and for your interest in our business.