



The Free Medical Clinic of Greater Cleveland

12201 Euclid Avenue ♦ Cleveland, Ohio 44106-4399 ♦ Tel: (216) 707-3418 ♦ Fax: (216) 707-3530 ♦ www.thefreeclinic.org

ASSOCIATE BOARD VOLUNTEER APPLICATION

Please PRINT clearly, and return to The Free Clinic with a resume when complete.

Full Name: _____ Preferred Name: _____ Date: _____

Home: _____ Cell: _____ Work: _____ E-Mail: _____

Preferred method of contact: Home Cell Work E-mail Any

Mailing Address: _____ City/State: _____ Zip: _____

EMPLOYMENT, TRAINING AND EDUCATION

Please attach your resume or professional CV, and complete the following:

Check one (or more) of the following: Employed Un-employed Retired Student

Employer _____ Occupation _____

Employer Address _____ Phone _____

Most Recent Professional Employment/Practice History

Date Started	Date Ended	Employer	Position and Responsibilities

Education

	Name	City/State	Program/Degree	Year Graduated or Expected
High School				
Postsecondary (Associates, Bachelors, etc)				
Graduate/Professional School				

List Applicable Licenses or Certifications Below

♦ Have you volunteered at The Free Clinic before? If yes, when and in what capacity?

♦ Why do you wish to volunteer as an Associate Board Member with The Free Clinic?

◆ What do you hope to gain from serving in this capacity?

◆ Do you have previous or current experience serving as a volunteer on other boards or associate boards? If so, list your board affiliations and indicate offices held and committee experience.

◆ Please share the specific skills and experience you can bring to The Free Clinic Associate Board below:

Area of Expertise	Years of Experience	Detail your Experience Here. (Include any applicable organizations with which you may be affiliated.)
Knowledge of Health Care Sector or Free/Charitable Clinics		
Communications, Public Relations, Marketing, or Media Relations		
Development or Fundraising		
Special Event Planning and Facilitation		
Public Speaking		
Nonprofit Management or Governance		
Writing or Graphic Design		
Networking or Contacts		
Other (please describe)		

FOR STATISTICAL PURPOSES ONLY

Date of Birth: _____ Race: _____ Gender: _____ Languages spoken: _____

◆ How did you hear about The Free Clinic and/or its Associate Board?

By signing below, I certify that the information I have provided in this application is accurate and true to the best of my knowledge, and that no assertions have been falsified.

Signature of Applicant: _____ **Date:** _____

Note: The Free Clinic reserves the right to decline volunteer assistance, when necessary. Completed volunteer applications and written qualifications do not guarantee an individual's placement within the organization's volunteer program. Selection and appropriateness for all volunteer positions will be at the discretion of the department directors.

VOLUNTEER AGREEMENT

The following policies will be reviewed during the candidate's interview and orientation.

Volunteer Welcome Packet and Clients' Rights

I hereby acknowledge that I have been given the opportunity to request a copy of The Free Medical Clinic of Greater Cleveland's Volunteer Welcome Packet, and I understand and agree to comply with all of its codes of conduct, policies, and procedures therein. During my volunteer experience, I will follow all applicable laws, regulations, and The Free Clinic's policies and procedures. I affirm that I have no financial interest or affiliation with any organization that may have interests that conflict with, or appear to conflict with, the best interests or the mission of The Free Clinic. I also agree that during the term of my affiliation with The Free Clinic, I am to report any concerns promptly to my volunteer supervisor and/or to the director of volunteer and external affairs. I have read the agency policies and procedures regarding client rights, and I agree to adhere to these policies to the best of my ability.

Volunteer's Signature

Confidentiality Policy

The Free Medical Clinic of Greater Cleveland believes passionately in protecting its clients' rights to privacy. All volunteers and staff of The Free Clinic shall respect the confidentiality of all internal information and all clients whom s/he may see or assist while here at The Free Clinic. No volunteer or staff member shall discuss any confidential information regarding The Free Clinic, including its clients, personnel, and activities, outside of what is required on the job. Doing so may result in immediate dismissal. Volunteers are encouraged to discuss the confidentiality policy with their supervisor or the director of volunteer services if they are not clear about its limits and/or the importance of abiding by the policy.

Volunteer's Signature

Release

I fully understand the dangers and risks that may be present in volunteering in the clinical environment at The Free Clinic including, without limitation, the risk of working with patients carrying a contagious or infectious disease. I certify that my participation as a volunteer is not inappropriate due to any health condition. On behalf of myself, my heirs, executor, administrator, and assignees, and to the fullest extent permitted by applicable law, I assume all risks associated with my service in The Free Clinic's volunteer program. Further, I fully release, hold harmless, and indemnify The Free Clinic, its trustees, officers, employees, agents, volunteers, and representatives from and against any and all liabilities, actions, causes of action, losses, and expenses of any kind (including, without limitation, attorney's fees and other costs of defense) which may result from or arise out of my participation, except to the extent any of the foregoing arise out of the gross negligence or willful misconduct of The Free Clinic. Finally, I agree to occasionally be photographed, videotaped, or interviewed for legitimate marketing and media purposes, including (but not limited to) newsletters and annual reports. I grant The Free Clinic full permission to use my images and quotations appropriately to promote the organization.

Volunteer's Signature

Volunteer's Name (PRINT)

Volunteer Job (PRINT)

Date

Director of External Relations

Date

The Free Medical Clinic of Greater Cleveland reserves the right to alter or vary policies and procedures as deemed necessary.

EMERGENCY CONTACT PERSON

Name: _____ Relationship to you: _____

Preferred Phone

Home: _____ Work: _____ Cell: _____ Other: _____

Address: _____ City/State: _____ Zip: _____

MEDICAL INFORMATION

Do you have any medical conditions that would affect your ability to perform your volunteer duties?

Yes No If yes, please explain:

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