

Thank you for your interest in volunteering with CommuniCare Health Centers. Your completed application will assist us in identifying potential volunteer opportunities that are best suited to your interests, experience, and learning objectives. Please attach a resume, if available.

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*If completing a student rotation and you have been approved through your school, please complete the Student & Resident Rotation Intake Form located on our website instead of this application.*

**Personal Information**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Date: \_\_\_\_\_

What pronoun do you use?  He/Him/His  She/Her/Hers  They/Them/Theirs  Decline to answer  
 Other (please specify): \_\_\_\_\_

Birth Date: \_\_\_\_\_  I am 18 years or older *\*required for access to patient charts*

Address: \_\_\_\_\_  
*Street Address City, State, Zip Code*

Preferred Phone: \_\_\_\_\_  Cell  Home  Work  Other

E-Mail Address: \_\_\_\_\_

**Education**

Education Status:  Current student  Graduated  Other (please specify): \_\_\_\_\_

Name of most recent school attended: \_\_\_\_\_

Area of study: \_\_\_\_\_

Degree(s): \_\_\_\_\_ Or anticipated degree/date: \_\_\_\_\_

**Job Information**

Current Employer: \_\_\_\_\_ Title: \_\_\_\_\_

Current work days/hours: \_\_\_\_\_

**Volunteer Information**

In which CommuniCare site(s) are you able and interested in volunteering (check all that apply)?  
 Davis Community Clinic  Hansen Family Health Center (Woodland)  Salud Clinic (West Sac)

Are you currently a patient of CommuniCare Health Centers?  Yes  No

Have you ever applied for a position or volunteered at CommuniCare Health Centers?  Yes  No

Do you have a relative that is employed with CommuniCare Health Centers or is a member of the Board of Directors?  Yes  No

Have you ever been convicted of a misdemeanor or a felony?  Yes  No

*If answered Yes (a conviction does not automatically bar you from volunteering), please explain. State charge, court, county, date and disposition of case:* \_\_\_\_\_

How did you hear about our volunteer opportunities?  Friend  Student Internship Board  
 A Current Volunteer  Volunteer Advertisement  website  Other: \_\_\_\_\_

Areas of Interest: Check up to four (4) areas of interest for your volunteer experience. Please ensure that you meet any requirements that are listed.

<b>Areas of Interest:</b>	<i>NOTE: For assignments with access to patient charts you must be 18 years and older</i>
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- Responding to a volunteer job posting (specify position): \_\_\_\_\_
- Human Resources (employee filing, scanning, department packets, volunteer services support)
- Finance (filing, scanning and special projects) *-must have basic excel and word skills*
- Auditing (auditing procedures and reviewing compliance policies and manuals)
- Medical Back Office (medical records, administrative tasks, phone calls, etc.)
- Clinical Chart Reviews (Quality Improvement) *-must be a college student or above*
- Interpreting and/or translating (specify language): \_\_\_\_\_
- Teen Clinic (reproductive health) *-requires a one-year commitment*
- Health Promotion (patient navigation, community engagement, patient education, special projects)
- Behavioral Health *-West Sacramento and Woodland only*
- Prenatal (interpreting and translating, nutrition, outreach and community event support, administrative)
- Patient care *-must have medical certificate or license (please specify type):* \_\_\_\_\_
- Medical Scribe *-must have scribe experience or you may apply after 6 months with patient chart experience.*

**NOTE:** Clinic shadowing is not available to new applicants and may be requested after 6 months of volunteering.

Do you speak a language other than English? \_\_\_ Yes \_\_\_ No  
 If you selected Yes, please indicate what language and your level of proficiency below:

Language: \_\_\_\_\_

Proficiency	Low	Moderate	High
(e) Speak			
(f) Read			
(g) Write			
(h) Medical Proficiency			

Language: \_\_\_\_\_

Proficiency	Low	Moderate	High
(a) Speak			
(b) Read			
(c) Write			
(d) Medical Proficiency			

Availability: Please mark all possibilities; this is not a commitment to work any specific days/hours at this time. Volunteer schedules will be arranged with the supervisor at the time of placement into a position.

AVAILABILITY					
Shift	Monday	Tuesday	Wednesday	Thursday	Friday
8:00 am-12:00 pm (AM)					
1:00 pm-5:00 pm (PM)					
5:00 pm-9:00pm (Eve)					Clinics closed

What is your “why” for volunteering at CommuniCare Health Centers?

What strengths, skills and interests do you have that you could contribute in a volunteer role?

**Emergency Contact Information**

Full Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**References**

Please list individuals who can comment on your professional capabilities - no relatives/friends please.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company/Org: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company/Org: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

*I authorize CommuniCare Health Centers to investigate any previous work/experiences in addition to any and all answers given to me on this application regarding my background information. I agree to cooperate in such an investigation and release from liability or responsibility any person or organization requesting or supplying such information. Further, I understand and agree that neither this application nor my acceptance of a volunteer position constitutes a contract of continued volunteering, and further understand that I should not, and agree that I will not, rely upon the foregoing as forming a contract of volunteering or as a guarantee or promise of continued volunteering. I understand and agree that my volunteer position with CommuniCare Health Centers is for no definite period, without contemplation of compensation, and that my volunteering relationship may be terminated at the will of me or by CommuniCare Health Centers for any reason or for no reason, with or without notice.*

Applicant Signature (handwritten): \_\_\_\_\_ Date: \_\_\_\_\_

PLEASE NOTE: Before volunteering we need the following:

- **VOLUNTEER APPLICATION completed and signed**
- **PICTURE IDENTIFICATION (Driver's license, student ID, State Issued ID card)**
- **IMMUNIZATION RECORDS**
  - TB Results (within last 12 months)
  - Record of MMR Immunization or proof of immunity (Titer)
  - Record of Hep B Immunization or proof of immunity (Titer) - *if volunteering in a clinical position*
  - Record of Varicella vaccine
  - Proof of recent Flu shot - *if volunteering in a clinical position and during flu season (Nov 1-March 31)*
- **SIGNED FORMS & ORIENTATION (provided after receiving a volunteer placement)**

CommuniCare Health Centers is not obligated to provide a TB placement, nor are you obligated to accept any position offered. **Opportunities for volunteers are provided without regard to religion, creed, race, national origin, age, sexual preference, gender, or any other characteristic protected by the law.**

If we are not able to place you into a volunteer position immediately, your application will be maintained at CommuniCare Health Centers for three (3) months - in case a volunteer opportunity arises.

*After three months, please be sure to reapply if you are still interested in volunteering with us!*

Thank you for your interest in CommuniCare Health Centers.  
We value our volunteers and we are grateful for your service.

**Please submit your complete application to Volunteer Services:**

**Fax:** (530) 758-2109

**Email:** [Volunteer@communicarehc.org](mailto:Volunteer@communicarehc.org)

**Mail:** CCHC, P.O. Box 1260, Davis, CA 95617

**Or in Person:** CommuniCare Health Centers Corporate Office  
2051 John Jones Rd, Davis, CA 95616  
Monday – Friday 8am-5pm