



3515 Broadway
Kansas City, MO
64111
816.753.5144
Fax 816.753.0804
www.kcfree.org

Volunteer Application Packet

Dear Prospective Volunteer:

Thank you for your interest in volunteering with the Kansas City Free Health Clinic. The support we receive from volunteers enables us to accomplish our mission of providing quality care, at no charge, to people without access to basic health care.

Attached is our Clinic volunteer application packet. Volunteers are required to complete an application, provide two professional references, and be available for an interview. Please complete the attached application packet, and return the following items to me at your convenience:

- _____ Application
- _____ Two completed reference forms (in separate sealed envelopes—see reference form for further instructions)
- _____ Copies of current licenses and/or certificates

Please do not submit your application until all components have been fully completed. Feel free to contact me by phone at 816.777.2761 or via email at suzannel@kcfree.org if you have any questions or need additional information regarding the volunteer program.

After your completed application is processed, you will be invited to attend both an orientation and specific training for your area of interest. Again, thank you for your interest in volunteering for the Kansas City Free Health Clinic. I look forward to working with you.

Sincerely,

Suzanne Sutton Lammert
Volunteer Manager



Volunteer Application

For Office Use Only
Position: _____
Department: _____

PERSONAL INFORMATION

First Name	M.I.	Last Name	Date of Birth
Street Address		City	State Zip
Email Address			
Home Phone Number	Cell Phone Number	Emergency Contact Name and Number	
Have you been convicted of, or pleaded no contest to, a felony within the last five years? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If yes, please explain (attach additional sheets if necessary): _____			

AVAILABILITY

Please check your preferences (shift=3 hours*):

- | | | |
|--|---|--|
| <input type="checkbox"/> 1 shift every week | <input type="checkbox"/> 2 shifts every month | <input type="checkbox"/> 1 shift every month |
| <input type="checkbox"/> Mornings (9 am-12) | <input type="checkbox"/> Afternoons (1-4 pm) | <input type="checkbox"/> Evenings (6-9 pm) |
| <input type="checkbox"/> Special events only | <input type="checkbox"/> Other _____ | |

* The volunteer schedule can be flexible based on the Clinic or the volunteer's needs.

Please check days preferred: Monday Tuesday Wednesday Thursday Friday Saturday Sunday (Outreach & special events; no clinics on Sun)

Date you are available to start volunteering: _____

Comments regarding your schedule or availability: _____

If you are accepted as a volunteer, would you also like to be placed on the on-call/substitution list? Yes No

VOLUNTEER EXPERIENCE

Company/Agency	Dates	Description of Duties	Reason for leaving

RELATED WORK EXPERIENCE

Company/Agency	Job Title	Dates	Description of Duties

EDUCATION

School Name	City, State	Degree/Diploma	Graduation Date

Are you bilingual? _____ If yes, what language? _____

Please list any other skills, licenses, certifications, training, awards, etc _____

AREAS OF INTEREST (Check all that apply)

Medical Services

- | | |
|---|---|
| <input type="checkbox"/> Certified Dental Assistant or Hygienist (circle one) | <input type="checkbox"/> Patient Assistant |
| <input type="checkbox"/> Licensed Dentist | <input type="checkbox"/> Pharmacy Tech |
| <input type="checkbox"/> Diabetic Educator | <input type="checkbox"/> Phlebotomist/Lab Tech |
| <input type="checkbox"/> Integrative Therapies | <input type="checkbox"/> Licensed Physician |
| Specialty _____ | <input type="checkbox"/> Behavioral Health Services (LCSW, LPC, |
| <input type="checkbox"/> Nursing Staff | Psychiatrist, Psychologist, Psych. NP-circle one) |
| (RN, LPN, CMA, CMT-circle one) | <input type="checkbox"/> Other _____ |

Other Services

- | | |
|---|--|
| <input type="checkbox"/> Community Outreach/Education | <input type="checkbox"/> Office Projects |
| <input type="checkbox"/> Computer Technician | <input type="checkbox"/> Quality Management |
| <input type="checkbox"/> Data Entry | <input type="checkbox"/> Receptionist & Patient Greeter |
| <input type="checkbox"/> HIV Counseling & Testing | <input type="checkbox"/> Speaker's Bureau |
| <input type="checkbox"/> Medical Records | <input type="checkbox"/> Special Events (e.g. fundraisers) |
| <input type="checkbox"/> Newsletter/Marketing | <input type="checkbox"/> Translator/Interpreter |
| <input type="checkbox"/> Other _____ | |

If you are applying for a NURSE, PHLEBOTOMIST, or PATIENT ASSISTANT position, please complete this section:

Can you...

- | | | |
|--|------------------------------|-----------------------------|
| Take blood pressure | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Measure height and weight | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Measure pulse | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Greet patients and ask for chief complaint | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Draw blood | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Please describe your experience performing these duties: _____

I certify that all statements given here are true and complete. I authorize the investigation of all statements and references as noted on this application.

Signature _____ Date _____

Is there anything else you would like to say or additional information that we can provide for you? _____

**Please mail your completed application to:
 KC Free Health Clinic, Attn: Volunteer Manager
 3515 Broadway, Kansas City, MO 64111-2537**

Thank you!



The Kansas City Free Health Clinic

3515 Broadway ↔ Kansas City, MO 64111 ↔ Phone: 816.753.5144 ↔ Fax: 816.753.0804

For a healthy community

Volunteer Professional Reference Form

Dear Sir or Madam:

The person whose name is listed below has applied to be a volunteer at the Kansas City Free Health Clinic and wishes to use you as a reference; volunteer applicants are required to have two references to complete their application. Please answer all questions on this form and return to the potential volunteer in a sealed envelope with your signature across the seal. The applicant will then turn in the completed two reference forms with his/her application. Your cooperation and quick response is greatly appreciated.

Volunteer Applicant's Name: _____

Reference Name: _____ Title: _____

Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Questions:

How long have you known this individual? _____

What is your relationship to this individual? _____

How did this individual interact with co-workers, associates and/or students? _____

Would you recommend this individual for a volunteer position with our organization? _____

How well does this individual respond when more than one priority competes for his/her time? _____

In order to ensure the highest possible quality of care for our patients, please briefly describe any areas of concern that we should know about regarding this individual. _____

Question	Unsatisfactory	Satisfactory	Excellent
How would you rank this individual's quality of work?			
How would you rank this individual's dependability?			
How is/was this individual's involvement with clients/patients/customers/others?			
How would you rank this individual's leadership capabilities?			

Additional comments are welcome on the back.

Reference's Signature: _____ Date: _____



The Kansas City Free Health Clinic

3515 Broadway ↔ Kansas City, MO 64111 ↔ Phone: 816.753.5144 ↔ Fax: 816.753.0804

For a healthy community

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