



Volunteer Application

Thank you for your interest in volunteering. Volunteers perform a crucial role in helping the clinic fulfill its mission of providing high-quality, culturally appropriate health care to low-income residents of Washington and Yamhill counties, including migrant and seasonal farm workers and their families. **To provide volunteer services you must be at least 16 years of age.**

SECTION 1: GENERAL INFORMATION

Today's Date _____

Full Name _____

Home Address _____

City _____ State _____ Zip _____

Home Ph _____ Work Ph _____ Cell Ph _____

Are you at least 18 years of age? Yes No If No, are you at least 16 years of age? Yes No

E-mail Address _____

Have you already contacted someone within Virginia Garcia? Yes No

If yes, please explain _____

Why are you interested in volunteering with Virginia Garcia?

Education

Student Status: Full time Part time Graduated

School/University _____ Course of Study _____

Educational Degrees/Professional Licenses _____

Please indicate your preferred site to volunteer: _____

List all Volunteer Jobs you are interested in applying for below.
(Volunteer Jobs and descriptions can be found at www.virginiagarcia.org.)

Languages Spoken _____

Availability: Please indicate all the times you are available to volunteer.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
AM						
PM						

Other information you would like us to know about your availability (specific time constraints, etc.) _____

Please Note: Volunteer placement depends on available opportunities that match your skills and interests. Your application will be considered active upon completion and return, including other required supplemental forms and information.

AGREEMENTS AND SIGNATURES

Confidentiality Statement

This document is intended for employees, volunteers, students, visitors and business associates. The words patient and client should be viewed as interchangeable. Patient confidentiality is the preservation, in confidence, of all information concerning a client or patient which may be disclosed in a treatment relationship between the patient and medical, dental, pharmacy, outreach, mental health, general health care professionals, or other employees of the clinic. All treatment records and other personal information concerning individual patients are confidential. Under Oregon law, Virginia Garcia Memorial Health Center (VGMHC) may be legally liable for your actions that are within the course and scope of your duties as a health care professional, provider staff, student, or volunteer. However, improper disclosure of confidential information could be considered not to be within the course and scope of your duties. As a result, Virginia Garcia Memorial Health Center could refuse to defend you in any legal action that might be brought by a client for violating the patient or client’s confidentiality. Under Virginia Garcia policy, breaches of confidentiality can result in immediate dismissal. Being informed of the preceding, Employee /Volunteer /Visitor /Student /Business Associate agrees that he/she will at all times keep confidential and will not disclose or furnish to anyone, other than to other employees or agents of VGMHC (but only as appropriate and necessary): 1) the names or addresses of any of VGMHC’s patient’s; 2) the diagnosis, treatment, and results thereof of any medical care furnished to any VGMHC patients, except as authorized in writing by the patient or as may otherwise be prescribed by law. In addition, Employee /Volunteer /Visitor /Student /Business Associate agrees that he/she will at all times keep confidential and will not disclose any information received during the course of employment (or during the person’s association with VGMHC) with regard to the personnel, financial or other proprietary information of VGMHC, its employees, or its patients, except to entities with a bona fide “need to know” for service delivery, government licensing authorities, or, if required by the terms of a contract or grant, to representatives of the contracting agency or grantor. Employee /Volunteer /Visitor /Student /Business Associate further agrees that the two preceding paragraphs shall be a continuing agreement and shall survive any termination or expiration of an employment relationship. **My initials below certify that I have read and fully understand the information above. I further understand and agree that I have a duty to abide by the laws and policies governing the preservation of confidential information and that I will abide by those laws and policies and that failure to do so may result in disciplinary action including dismissal.** _____ (Initial)

Drug-Free Workplace Commitment

Virginia Garcia Memorial Center is committed to providing health care of the highest quality to its patients. Controlled substance/Alcohol abuse can critically hinder employee work performance and judgment, seriously jeopardizing the

commitment. Therefore, the unlawful manufacture, distribution, dispensation, possession, or use of controlled substances is strictly prohibited in the workplace. Upon review of the priorities mentioned above, I, as an employee/volunteer/student/visitor/business associate will actively participate in the maintenance of a drug-free workplace at Virginia Garcia Memorial Health Center. I understand that more information about counseling, assistance, rehabilitation programs or services is readily available from the Human Resources Department on request. I agree to notify Virginia Garcia Memorial Health Center within 5 days of any criminal drug conviction for a violation occurring in the workplace as an initial and continuous condition of employment. I further understand that drug testing will not be conducted on a random basis at Virginia Garcia Memorial Health Center and that the testing will be done only in accordance with the conditions listed above. _____ (Initial)

General Release

In consideration of Virginia Garcia Memorial Health Center arranging a volunteer assignment for me, and with the intention of binding myself, my heirs, legal representatives, successors and assigns, I hereby expressly RELEASE AND FOREVER DISCHARGE Virginia Garcia Memorial Health Center, its officers, directors, employees, volunteers, agents, legal representatives, insurers, successors, and assigns from any and all claims, demands, damages, liabilities, and causes of action that I now have or may in the future have, whether known or unknown, of whatsoever nature, relating to or arising out of my selection as a volunteer by, or my service as a volunteer with, Virginia Garcia Memorial Health Center whether or not due to Virginia Garcia Memorial Health Center’s negligence, strict liability, or any other breach or fault. This includes, but is expressly not limited to, death, bodily injury, personal injury, property damage, loss or theft of property, economic loss, or any other damage, loss, or cost. This document shall be construed according to the laws of the state of Oregon. If a dispute should arise with respect to the meaning of any of the terms of this document, the rule of construction that a document is construed against the party preparing such document shall specifically not be applicable to the interpretation of this document. This General Release represents the entire agreement of the parties hereto and supersedes any and all prior or contemporaneous oral or written understandings, statements, representations, or promises. All of the terms hereof are contractual and not mere recitals. I acknowledge that I have carefully read this General Release, know and understand the contents thereof, and that this document was freely and voluntarily executed. I acknowledge that I was given the opportunity to seek independent legal counsel on any and all matters herein before I signed this General Release. _____ (Initial)

I hereby acknowledge that I have read and understand the above statements. I certify that all answers to questions in this application and all additional information I may have submitted are true and complete to the best of my knowledge. I understand that giving false information, misrepresenting facts, and material omissions may be grounds for denial of service or discharge.

Applicant Signature _____ Date _____

Parent/Guardian _____ Date _____

(Required for applicants under age 18)

Please mail, email, or fax completed applications to:

Virginia Garcia Memorial Foundation

Attn: Julie Titus

PO Box 6149

Aloha, OR 97007

Jtitus2@vgmhc.org

Fax: 503-359-8532