

People's Community Clinic

offers care
with respect and dignity
to people with little
or no health insurance.

2909 North IH-35
Austin, TX 78722
www.austinpcc.org
512.478.4939
512.320.0702 fax

Volunteer Application

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status. Volunteers must be age 18 or older and willing to commit to two

Volunteer Dept:
512.708.3156

PERSONAL		Date of Birth _____	
Title Mr. / Mrs. / Ms. / Miss	Last Name	First Name	M.I.
Street Address		Primary Phone # ()	
City, State, Zip		Email address:	
If you are a student, what is your permanent address?			
Emergency Contact Name		Primary Phone ()	
Relationship			
How did you learn of PCC?			
When will you be available for volunteering? _____ (mo/yr) through _____ (mo/yr)			
Please write in the times you are available from 8 am to 5 pm and any evening hours (limited availability for evening):			
_____ Monday	_____ Tuesday	_____ Wednesday	_____ Thursday
_____ Friday	Other Notes about Your Availability: _____		

EXPERIENCE
Current Employer/Occupation
Volunteer Experiences
Licenses/Certifications
Other Skills/Interests

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Indicate any foreign languages you can speak, read and/or write with fluency:				
Membership in Professional or Community Organizations (please spell out acronyms)				
Have you ever been a patient of PCC? _____ If yes, when? _____				
Have you ever volunteered with PCC before? _____ If yes, when? _____				
EDUCATION (highest level attained)				
	City, State	Course of Study	No. of Years Completed	Degree or Diploma

REFERENCES		
Name	# Years Known	Phone ()
Email:		
City, State		Relationship
Name	# Years Known	Phone ()
Email:		
City, State		Relationship

SERVICES
Please check all types of services in which you are interested, noting your first, second and third choice: <input type="checkbox"/> Pharmacy <input type="checkbox"/> Medical Records <input type="checkbox"/> Immunization Records <input type="checkbox"/> Waiting Room Storytime <input type="checkbox"/> Special Events <input type="checkbox"/> Administrative

We are interested in what motivates you to volunteer at PCC. We are also interested in understanding what our volunteers hope to achieve through their activities. Please take a moment to answer these two questions in your own words. Feel free to use additional space if necessary.

1) What reason(s) caused you to consider volunteering at PCC?

2) What do you hope to achieve from your volunteer experience with PCC?

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Agreement

I understand that any false statement made as part of this application will be considered sufficient cause for dismissal. I agree to provide health information as required by People's Community Clinic. I authorize any inquiry to be made on any information contained in this application if I am considered for volunteer placement. I understand that volunteer positions are subject to change in conditions and operating policies. I understand that if accepted as a volunteer:

- I will abide by PCC's general policies concerning patient confidentiality, drug free workplace, reducing transmission of infectious disease.
- I understand that all volunteers are subject to a criminal background check.
- I will observe all PCC regulations.
- I voluntarily offer my services with a clear understanding that there is no monetary compensation.

Signature: _____ Date _____

