



Volunteer Application

Our mission is to improve the health of medically underserved and uninsured Central Texans by providing high quality, affordable healthcare with dignity and respect.

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 hours per week for at least four months.

2909 North IH-35
 Austin, TX 78722
www.austinpcc.org
 Volunteer Dept:
 512-684-1719

PERSONAL Date of Birth:

Mr./Ms./Mrs.	First Name	M.I.	Last Name
Street Address			Primary Phone #
City	State	Zip	Email address:
<input type="checkbox"/> PCC sends an Electronic Newsletter each quarter. If you do not want to receive our newsletter by email, please check this box.			
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		Wednesday	Friday
Tuesday		Thursday	
Other Notes about Your Availability:			

EXPERIENCE	
Current Employer/Occupation	Number of years with Current Employer
If you are Retired, what was your primary field of work?	
Volunteer Experiences	
Licenses/Certifications	
Other Skills/Interests	

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)					
Name of School	City, State	# of Years	Date Completed	Course of Study	Degree or Diploma

REFERENCES		
Name	# Years Known	Phone
Email:	Relationship	
Name	# Years Known	Phone
Email:	Relationship	

SERVICES	
Please check all services in which you are interested:	
Reach Out & Read, in Waiting Room	Health Promotion/Education
Administrative/Operations Support	Clinic Interpreter
Other (please specify):	

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

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

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 _____