



# VOLUNTEER APPLICATION

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street City State Zip

Contact Info: \_\_\_\_\_  
Home Phone Cell Phone Email

Work: \_\_\_\_\_  
Organization/Company Position/Job Title Phone

DOB: \_\_\_\_\_ Gender: \_\_\_\_\_

## Education

	NAME	DATES ATTENDED	DIPLOMA/DEGREE/MAJOR
HIGH SCHOOL			
COLLEGE/ UNIVERSITY			
OTHER			

## Work / Volunteer History

DATES OF WORK/VOLUNTEER	ORGANIZATION NAME	CITY, STATE	PHONE	REASON FOR LEAVING

## Skills & Experience – Let us know a little more about you to help find the perfect volunteer placement for you.

Computer Skills:  Advanced  Intermediate  Basic  None

Foreign Languages: \_\_\_\_\_

### Which tasks can you perform?

- Ability to stand for long periods
- Answering telephones
- Assemble charts or materials
- Assist with feeding patients
- Basic office equipment
- Bend / Squat repeatedly
- Escort patients / pushing wheelchair
- Filing / Data management
- Greet and talk with patients / visitors
- Hands on activities
- Interaction with patients
- Maintain cleanliness of an area
- Reading to patients
- Walking moderate distances

**Past Experience In:**

- Health Care Certifications / License
- CPR Certification
- Financial Skills / Accounting
- Desktop Publishing / Newsletters

- Leadership Position
- Event Planning
- Professional Photography
- Music

- Fund Raising
- Marketing / Public Relations
- Maintenance / Housekeeping

**Placement Information** – Capstone Volunteers may be placed at any Capstone clinic site, Capstone Pharmacy, or Capstone Administration office. Please check the boxes next to your areas of interest and/or write in any desired placement areas into the appropriate field. Capstone Health will use your skills, experience, interest, and availability to find a placement for each volunteer.

Areas you would like to volunteer in:

- Administrative/Office
- COVID Clinic
- Medical Related
- Dental Related
- Pharmacy Related
- Patient Care Areas

- Behavioral Health Related
- Support Groups
- Patient Education Classes
- Waiting Rooms / Greeter
- Non-Patient Care Areas
- Information Technology (IT)

- Fund Raising
- Community Outreach
- Marketing / Public Relations
- Social Media
- Facility Maintenance
- Transportation / Courier

Other: \_\_\_\_\_

**Availability** – Please indicate the days and times you are available to volunteer. Please note that we will ask all volunteers to commit to one (1) four-hour shift each week, with a commitment of at least one month. Duration may vary depending on area assigned.

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
From							
To							

Expected Start Date: \_\_\_\_\_

**Miscellaneous**

Why do you want to be a volunteer with Capstone Health? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you ever worked or volunteered for Capstone Health before?

Do you have a relative that currently works or volunteers at Capstone Health?

Do you have any relation to a member of the Board of Directors of Capstone Health?

How did you hear about our Volunteer Program?

- Team Member
- Community Member
- Friend/Relative
- Patient/Visitor

- Saw a Volunteer
- School Advisor/Counselor
- Social Group/Professional Organization
- Place of Worship

- Mass Media
- Website
- Self-Referral
- Other

## References

Please list two individuals unrelated to you as references:

1. \_\_\_\_\_  
Name Phone Relationship

2. \_\_\_\_\_  
Name Phone Relationship

## Medical History

Who may we contact in case of an emergency or illness (please list two):

1. \_\_\_\_\_  
Name Phone Relationship

2. \_\_\_\_\_  
Name Phone Relationship

## Personal Health Information

Please list any medications or food to which you are allergic. Please list any pertinent medical conditions you may have. Please note that all applicants will be required to have a negative TB Skin Test and have received the COVID-19 vaccination prior to volunteering.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Certification by Applicant

*I certify that the information given on this application and any other supporting documentation is true and correct and hereby grant Capstone Health permission to verify such answers. I understand that any false statement on this application will constitute sufficient grounds for the rejection of this application and/or termination of my volunteer status. I pledge to uphold and adhere to the rules, policies, protocols of Capstone Health, HRSA Compliance Manual, FTCA Deeming, and the Policies and Procedures herein.*

*Capstone Health recommends that all volunteers maintain personal health insurance. Volunteers are not eligible for the benefits that are provided to Capstone Health team members to cover expenses in the event of an injury or illness that may occur while providing volunteer services at Capstone. A signature below indicates the volunteer understands that he/she is not eligible for benefits and accepts full financial responsibility for any costs incurred for medical care necessary to treat accident, illness or injury sustained as a result of volunteering for Capstone Health.*

*I acknowledge by checking the box below that I have read and understand these statements, and that I take financial responsibility for my own health care.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### Capstone Health - Human Resources

Contact Information

Mailing Address: P.O. Box 169, Parrish, Alabama 35580

Email: [hr@capstoneclinic.org](mailto:hr@capstoneclinic.org)

Phone: 205-686-5113 / Fax: 205-265-2994

[www.capstoneclinic.org](http://www.capstoneclinic.org)

### For Office Use Only:

Date App. Received: \_\_\_\_\_ Received by: \_\_\_\_\_ Orientation Date: \_\_\_\_\_ Orientation Completed by: \_\_\_\_\_

Type of Volunteer: Service Area \_\_\_\_\_ Site/Location \_\_\_\_\_ Supervisor \_\_\_\_\_

Volunteer Placement(s)/Day(s)/Time(s): \_\_\_\_\_