

CONNECT MEDICAL CLINIC

For Sexual Health & Pregnancy

VOLUNTEER APPLICATION

Date _____

Name _____

Phone: (home) _____ (work) _____ (cell) _____

Address _____

City _____ State _____ Zip _____

E-mail _____ Birth date (opt.) _____

Why are you interested in volunteering at Connect Medical Clinic?

Work and Volunteer Experience:

Church Name: _____

When are you available to volunteer?

Monday Tuesday Wednesday Thursday Friday

Possibly weekends (*church table displays, etc.*)

Morning Afternoon Specific Times: _____

I would like to volunteer at Fundraising Events.

Spring

Summer

Fall

Winter

School Year

What gift or talent would you like to share with us? _____

Please check any of these volunteer areas that might be of interest to you:

- Church liaison for my church (or organization)
- Distribute posters and brochures where needed.
- Prayer Warrior for the clinic
- Photographer or do video recording at clinic events

Office Help:

- Phoning - example: calling churches for email addresses, info, etc.
- Registration at workshops
- Help assemble "milestone gift baskets"

Nursing Background:

- Assist with health fairs on weekends
- Assist with educational prenatal programs as needed.

Please mail or drop off completed form to:

Connect Medical Clinic

683 State Ave Suite E Dickinson, ND 58601



For Sexual Health & Pregnancy

**VOLUNTEER/INTERN
CONFIDENTIALITY AGREEMENT
TERMS AND CONDITIONS**

As a volunteer for **Connect Medical Clinic**, I understand that my services are rendered without expectation of compensation, medical benefits, or future employment.

I voluntarily give my time for humanitarian, religious, charitable, educational or other personal reasons. I agree to support the mission of Connect Medical Clinic.

As a volunteer for Connect Medical Clinic, I understand that I may have access to confidential information – verbal, written, or electronic – relating to clients, volunteers, staff, donors and the organization. I understand, and agree, that all such information is to be treated confidentially and discussed only within the boundaries of my volunteer position. I also agree not to discuss these same matters after I have left this volunteer position. I further understand that should I disclose confidential information either directly or indirectly, my services as a volunteer with Connect Medical Clinic shall cease.

I understand that Connect Medical Clinic reserves the right to terminate my volunteer status as a result of any circumstance which in the judgment of the Executive Director, or any Program Director, would make my continued services contrary to the best interests of the organization.

Additionally, I understand that a criminal background check may be necessary for certain sensitive placement and I agree to submit the information necessary to complete this process.

I have read the above terms and conditions and hereby agree to be bound by the aforementioned terms and conditions.

Signature

Date: _____

Guardian's Signature (if under 18)

Date: _____