



HUMAN RESOURCES

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VOLUNTEER APPLICATION

- WITH DIRECT PATIENT CONTACT
 WITH NO DIRECT PATIENT CONTACT

PLEASE TYPE OR PRINT LEGIBLY. FILL IN ALL AREAS COMPLETELY

LAST NAME	FIRST NAME	MIDDLE	TODAY'S DATE		LAST NAME	
HOW REFERRED TO LA CLINICA		YOUR PHONE	DATE AVAILABLE TO VOLUNTEER			
CURRENT ADDRESS	STREET	CITY	STATE	ZIP		
IN CASE OF EMERGENCY PLEASE CALL	LAST NAME		FIRST NAME	HOME PHONE	OTHER PHONE	FIRST NAME
	ADDRESS	STREET	CITY	STATE	ZIP	

EDUCATIONAL HISTORY

TYPE OF SCHOOL (HIGH SCHOOL, JR. COLLEGE, COLLEGE OR PROFESSIONAL)	SCHOOL NAME, CITY, STATE	ACADEMIC SUBJECT	NO. YEARS ATTENDED	DEGREE RECEIVED

DO YOU HAVE OR HAVE YOU EVER APPLIED FOR A CALIFORNIA PROFESSIONAL LICENSE, CERTIFICATE OR REGISTRATION? NO YES

NUMBER	TYPE	DATE OF EXPIRATION	IF PENDING, GIVE DATE APPLICATION STARTED
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IN WHAT PROFESSIONAL ASSOCIATIONS DO YOU MAINTAIN MEMBERSHIP?

LANGUAGES	SPEAK	READ	WRITE
	<input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR	<input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR	<input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR
	<input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR	<input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR	<input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR
AMESLAN (Am Sign Language)	<input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR		

VOLUNTEER / WORK EXPERIENCE (Resume can be attached instead)

ARE YOU A PEER EDUCATOR OR PROMOTOR FOR LA CLINICA? YES NO

WHAT DO YOU HOPE TO CONTRIBUTE TO LA CLÍNICA AS A VOLUNTEER?

WHAT DO YOU HOPE TO GET OUT OF A VOLUNTEER EXPERIENCE WITH LA CLÍNICA?

VOLUNTEER COMMITMENTS ARE MADE ON AN ANNUAL BASIS. WOULD YOU LIKE TO MAKE THIS COMMITMENT?

YES, THANK YOU NOT AT THIS TIME, BUT PLEASE KEEP MY APPLICATION ON FILE FOR ONE YEAR

SKILLS:

- COMMUNITY ORGANIZING: _____
- GROUP FACILITATION: _____
- CLINICAL SKILLS: _____
- OFFICE & ADMIN SKILLS: _____
- COMPUTER PROGRAMS (please list):

OTHER: _____

VOLUNTEER ACTIVITIES OF INTEREST:

Check below. (Placement will depend on experience and agency needs). More than one can be checked.

- COMMUNITY OUTREACH & EDUCATION
- CLINICAL HEALTH EDUCATION
- ADVOCACY
- COUNSELING
MENTAL HEALTH, SOCIAL WORK
- NUTRITION
- FOLLOW-UP/REFERRAL
- OFFICE
- BILLING
- PROVIDER
- CLINICAL HEALTHCARE
- OTHER _____

TIMES AVAILABLE:

	MORNING	AFTERNOON	EVENING
MONDAY	_____	_____	_____
TUESDAY	_____	_____	_____
WEDNESDAY	_____	_____	_____
THURSDAY	_____	_____	_____
FRIDAY	_____	_____	_____
SATURDAY	_____	_____	_____
SUNDAY	_____	_____	_____

DEPARTMENTS OF INTEREST:

List departments by preference (if any)

1. _____

2. _____

3. _____

REFERENCES:

NAME	ADDRESS	CITY	STATE	ZIP	PHONE	OCCUPATION
1.) _____						
2.) _____						
3.) _____						

REQUIRED ONLY FOR ASSIGNMENTS WITH DIRECT PATIENT CONTACT (DOES NOT APPLY TO PEER EDUCATORS/PROMOTORES)

CRIMINAL BACKGROUND CHECK

La Clínica is required to protect the safety of our patients, participants, and employees. Performing background checks on volunteers and potential employees allows us to identify and screen out individuals with a criminal history. Volunteers who will work as an agent of La Clínica and have any contact with participants or patients will need to have a background check clearance before they can begin their volunteer assignment. In order to run the background check, we need some identifying information. In the event that someone cannot report their Social Security Number, a background check will still be possible to run.

CONSENT TO REQUEST CONSUMER REPORT INFORMATION

I understand that La Clínica de La Raza will utilize the services of a consumer reporting agency as part of the procedure for processing my application for volunteering. I understand that the consumer reporting agency will conduct an investigation, which may include obtaining information covering up to the last seven (7) years regarding misdemeanor and felony criminal convictions, identification of individuals who may have been designated as excluded from healthcare occupations due to previous history of patient abuse or neglect, references, past employment, professional licensure, academic records, and driving records. I also understand that before I am denied a volunteer placement based on information obtained in the report, I will be provided a copy of the report and a description in writing of my rights under Fair Credit Reporting Act. I hereby consent to this investigation and authorize La Clínica de La Raza to procure a report on my background as stated above from a consumer reporting agency.

SIGNATURE OF APPLICANT

DATE

PRINT NAME

DATE OF BIRTH

SOCIAL SECURITY NUMBER