



Dear Volunteer Candidate:

Thank you for your interest in volunteering at HealthLink. As you know, we are very much in need of volunteers to help with administrative tasks and fundraising activities as we care for the increasing numbers of uninsured patients who seek our dental services.

I am enclosing a number of forms for you to complete and return so that we may begin the approval process. In addition to the application, I will also need you to provide the following:

- A copy of photo identification

Again, thank you for considering sharing your valuable time at HealthLink.

Please call if you have any questions. We look forward to working with you.

Sincerely,

Neil Gordon, MBA
Interim Executive Director

Volunteer Application



Date: _____

Name: _____

Phone #: _____

Cell #: _____

Email: _____

Home address: _____

Social Security #: _____

Date of Birth: _____

Employer (if any) & how long? _____

Work #: _____

Fax #: _____

Local emergency contact: _____

Relationship: _____

Emergency contact phone #: _____

Foreign language(s) spoken fluently: Spanish Other: _____

How were you referred to HealthLink? _____

Best way to contact you: Cell Email

How did you hear about this opportunity?

Volunteer Application

Availability (if applicable)

	Monday	Tuesday	Wednesday	Thursday	Friday
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Time:					

References:

Name: _____

Relationship: _____

Phone #: _____

Name: _____

Relationship: _____

Phone #: _____

I give my permission to HealthLink Dental Clinic to list me as a volunteer and to use my name and/or photographs for internal publications and on the website as well as promotional/marketing initiatives that include but are not limited to newspapers, magazines, etc.

Signature

Date

I authorize HealthLink Dental Clinic to conduct a criminal background check and to contact references prior to acceptance to the HealthLink volunteer staff.

Signature

Date

Volunteer Authorization



Name: _____

I give my consent for HealthLink to do the following as appropriate in exploring my candidacy for volunteering and for biannual re-credentialing:

- 1. Conduct a Pennsylvania criminal background check.

Signature _____

Date _____

Identification Information:

Social Security #: _____

Date of Birth: _____

Undergraduate school (if applicable)

Professional school (if applicable)

-
- 1. Best way to contact you: Work Home Cell
 - 2. Where would you prefer to receive HealthLink correspondence? Work Home
 - 3. Preferred scheduling method of contact: Ground Mail: Home Work Email
-



Confidentiality & Commitment Statement

I understand and agree that in the performance of my duties as a volunteer at HealthLink Dental Clinic, a non-profit organization, I must abide by all policies and procedures, including holding strictly confidential all medical information that I may obtain directly or indirectly concerning patients. I understand that failure to comply with these requirements may result in my dismissal as a volunteer.

I hereby give HealthLink my permission to obtain information relating to my criminal history record and to conduct background checks on me. The criminal history record, as received from the reporting agencies, may include juvenile offense, arrest and conviction data as well as plea bargains and deferred adjudications. I understand that this information shall be used, in part, to determine eligibility for a volunteer position within this organization. I also understand that as long as I remain a volunteer at HealthLink, the criminal history records check may be repeated from time to time.

I am volunteering my services to HealthLink, solely for my personal purpose or benefit without promise or expectation of compensation or monetary benefits. I agree to serve as a volunteer without salary and have received no promises of compensation.

I have volunteered my time and services because of my support for HealthLink and my desire to participate actively in the furtherance of its mission. As such, on behalf of me, my personal representatives, heirs, successors and assigns ("my Representatives"), I specifically release, discharge, indemnify and hold harmless HealthLink, and any and all of its members, directors, officers, agents, volunteers, employees, successors and assigns ("its Representatives") of and from any and all liability, claims, expenses, losses, responsibility, or damages whatsoever (including attorney's fees and costs) for any death, personal injury or property damage resulting from or arising out of my presence at HealthLink or my service as a volunteer. I further waive all claims of liability that I or my Representatives may have against HealthLink or its Representatives. On behalf of me and my Representatives, I covenant and agree to make no claim, nor to institute any suit, action or proceeding against either HealthLink or its Representatives relating to any accident, incident or occurrence arising out of, or in connection with, my volunteer activities.

Date: _____

Print Name: _____

Volunteer's Signature: _____

Witness: _____

Personal Statement of Health Fitness



I attest and can document if called upon, that I currently am free of any physical or mental ailments that would impair my ability to perform the duties of a Volunteer. I understand that I may not hold HealthLink responsible for ailments that I have or have not disclosed.

Printed Name of Volunteer

Signature of Volunteer

Date

Confirmed by:

Bernie Dishler, DDS
HealthLink Board President

Date

Or

Printed Name of Confirming Party

Signature

Date

Photo Release Form



I, _____, agree to allow HealthLink Dental Clinic to use my photographs, likeness, and image in its marketing efforts and all publications, which include but are not limited to: printed materials, newspapers, televised broadcasts, and internet postings.

My signature below provides my consent.

Volunteer Printed Name

Volunteer Signature

Date

Witness Signature

Scheduling Procedure Summary



HealthLink Dental Clinic is primarily a volunteer organization, and volunteers are HealthLink's greatest assets. The scheduling of volunteers is therefore tremendously important.

My signature below implies my understanding of this policy.

Volunteer Printed Name

Volunteer Signature

Date