HealthNet Volunteer Information Sheet

To help improve the way we contact you for scheduling and to assist HealthNet in learning about your interests, background, etc., please take a moment and fill out the following information. Thank you for your assistance!

Name:_____ Date:_____

Which clinic would you prefer to volunteer at: ☐ Medical ☐ Dental

I am a(n):

- ○ MD
- ○ Dentist
- ○ Physical Therapist
- ○ Dental Assistant
- ○ Psychologist
- ○ NP / PA
- ○ RN or LPN
- ○ Pharmacist
- ○ Dental Hygienist
- ○ Clinic Social Worker
- ○ Psychologist
- ○ Other

If you selected Other what are your areas of interest at HealthNet (Check all that apply):

- ☐ Patient Care
- ☐ Filling Prescriptions
- ☐ Answering Phones/Scheduling
- ☐ General Clerical (data entry, filing, pulling charts making copies, etc.)
- ☐ Organization/Housekeeping (sorting donations, taking out trash, sanitizing/cleaning, etc.)
- ☐ Patient Enrollments
- ☐ Electronic Medical Records
- ☐ Special Projects (fundraising, event planning, etc.

*Other Areas not listed above:

_____

_____

Credentials (MD, DDS, DO, RPh, RN, LPN, etc. if applicable):_____

If licensed (MD, DDS, DO, RPh, RN, LPN, etc.) please provide:

Your license number: _____

Expiration date: _____

Home Phone Number:_____ Cell Phone Number:_____

Email:_____

Preferred contact method (please check): EMAIL ☐ HOME PHONE ☐ CELL PHONE ☐

Mailing Address:_____

City: _____ State: ____ Zip: _____

How did you hear about volunteer opportunities at HealthNet?

_____

If you are currently employed please list your current employer: _____
If you are retired please select the box: ☐ Retired
If you are not retired or currently employed please explain why:

_____
_____
_____
_____

Please select the days/times you are generally available to volunteer at HealthNet:

Monday:	◯ All Day	◯ Morning	◯ Afternoon
Tuesday:	◯ All Day	◯ Morning	◯ Afternoon
Wednesday:	◯ All Day	◯ Morning	◯ Afternoon
Thursday:	◯ All Day	◯ Morning	◯ Afternoon
Friday:	◯ All Day	◯ Morning	◯ Afternoon

Are you available on these days and times (please check): ☐ WEEKLY ☐ BIWEEKLY ☐ MONTHLY

Additional information you would like to share in regards to your schedule availability:_____
_____ _____

What are some of the reasons that you are interested in volunteering at HealthNet?

_____
_____
_____
_____

Anything else you would like to share ☺

_____
_____
_____

HealthNet bases all volunteer opportunities contingent on the outcome of a subsequent criminal background check. By submitting this form you are consenting to a background check by HealthNet.

Thank you for your help!