

Occupy Medical Application for Volunteers

Mailing Address: P.O. Box 50354 Eugene, OR 97405

Website: <http://www.occupy-medical.org>

We at Occupy Medical are a group of dedicated health care professionals and support personnel who believe health care is a basic human right that must be made accessible to everyone, regardless of ability to pay. While volunteering, any patient information you hear is private. Please do not discuss this information outside of clinic. We thank you for volunteering.

Today's Date:

Personal Information

Name:

Address:

City:

State:

Zip:

Phone:

Driver's License/State ID Number:

Email:

DOB:

Age: over 18 under 18

Emergency Contact Name and Phone Number:

Why are you interested in volunteering?

Experience and Education

What is your educational/training background?

Please provide OM with a copy of your license/certificate if applicable.

Have you had any previous experience as a volunteer? If so, with what organizations, and what kind of work did you do?

Please include two references (name and contact information) which may include existing OM volunteers.

Your Interests at Occupy Medical

How did you learn about OM?

Hobbies/interests:

Skills you would like to use while volunteering:

Other languages you speak:

Do you have any special needs or restrictions we should be aware of?:

Criminal History

Occupy Medical conducts a routine background check on all new volunteers.

If you have a current medical license, we will initiate a license check in lieu of a background check.

Have you ever been convicted of a felony? Yes No

If yes, please explain. *Conviction will not necessarily disqualify you from volunteering.*

The Volunteer Coordinator and/or the VC's assistants will conduct the criminal records search and clear volunteers to the database. All records are kept confidential and not shared with the public.

Occupy Medical considers applicants for volunteering without regard to sex, race, age, religion, sexual orientation, national origin, veteran or marital status, or any other legally protected status. We provide reasonable accommodation to qualified individuals with disabilities when it would not be an undue hardship. Health and safety are our number one goals at Occupy Medical. A volunteer may be suspended from service if health and safety of our patients, volunteers, or clinic is compromised. If you need a reasonable accommodation in the pre-placement process, please contact the Volunteer Coordinator.

AUTHORIZATION AND AGREEMENT BY APPLICANT

1. I certify that the facts set for in this volunteer application are true and complete to the best of my knowledge. I understand that any false statement, omission or misrepresentation in my application or placement interview may result in the rejection of my application or discharge from the volunteer program.
2. I consent to having Occupy Medical complete a criminal background check prior to volunteering.

Signature of Applicant

Date

Parent/Guardian Signature (required if less than 18 years of age)

Date