



# VOLUNTEER APPLICATION

## General Information

First Name

Last Name

Address

City

State

Zip

Phone

Email

Place of Business

Business Address

Business Phone

## Your Background

What skills can you contribute? Check all that apply:

Accounting

Marketing

Physician

Nurse

Investment

Education

Other

Affiliations

Charitable or community activities in which you have been involved in:

## Your Ability To Serve

Would you be interested in serving on our Board of Directors?

Yes

No

Do you have any conflicts of interest?

Would you be able to attend board meetings?

Yes

No

How many hours could you serve at the clinic?

What is your interest in our organization?

By checking the box, I understand that, as an employee/volunteer of The Licking County Community Health Clinic, I have a duty to hold in the strictest confidence the contents of all confidential material which includes, but are not limited to, medical records, patient information, employee records, financial records, marketing plans, strategic planning documents and any other information of a confidential nature regardless of the format (i.e.: written, verbal, database) obtained during my employment/volunteer term. Furthermore, I understand that my violation of this duty will result in corrective action. The corrective action may include suspension or termination, depending on the severity of the offense. Legal action may also be a result of my violation of this duty.

**Thank you for your consideration!**