

COVID-19 VACCINE CLINIC VOLUNTEER APPLICATION



Personal Information

Print Name (First, Middle, Last) _____ Date _____

Address _____ City, State, Zip _____ Cell Phone _____

Emergency Contact

Print Name _____ Relationship _____ Phone _____

What type(s) of volunteer work are you interested in performing? Please check all that apply.

	Administrative (scribing for clinical staff, scheduling appointments)		Interpreting (state languages below):
	Clinical (administer vaccinations, draw doses, provide education) (CMA, MA, LPN, RN, Pharmacists, others whose license allows vaccine administration) Enter License No. here:		Greeter, runner (greet patients, run supplies, etc.)

PHC requires volunteers to be at least 18 years of age. Are you 18 or more years old?
 Yes No

Please tell us about your educational background, training, and/or work experience.

Please list the times you are available to volunteer below:

Date Available to Start: _____

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Please provide at least two professional references who we may contact:

Name	Phone or Email	Years Known/Relationship

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Criminal Convictions

Have you ever been convicted of a crime involving violence, theft or dishonesty? Yes No

If yes, please explain (a conviction will not automatically disqualify you from participation. All circumstances will be considered):

Certification & Release

I certify that the information contained in this application is true, complete and accurate. I understand that my agreement to volunteer with Primary Health Care, Inc. does not constitute an employment relationship. I understand that my volunteer assignment may be discontinued at any time, with or without cause, and with or without notice. I understand that I will not be paid or receive any form of compensation or benefits for my services as a volunteer. In consideration of my desire to volunteer with Primary Health Care, Inc., I hereby assume all responsibility for any and all risk of property damage or bodily injury that I may sustain while volunteering.

I authorize investigation of all statements contained herein. I understand that prior to volunteering, screening will be conducted which may include, but is not limited to criminal, child and adult abuse, and sex offender history. I further authorize all individuals, companies, schools, corporations, courts, and law enforcement agencies to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise. I release all parties from all liability for any damage that may result from divulging or using information. I understand that it may be necessary for me to authorize the verification of my consumer reports on a separate and enclosed disclosure and authorization form and attest that, to the best of my knowledge, the consumer reports will meet the requirements of the company.

Signature

Date

Email completed application to: HumanResources@phcinc.net

Or

Mail: PHC / Attn HR
1200 University Ave. #200
Des Moines, IA 50314