



Open Door Clinic of
Alamance County

Open Door Clinic of Alamance County Volunteer Application

Name: _____
(Last) (First) (Middle Initial)

Address: _____

Email Address: _____

Home Telephone: _____

Cell Telephone: _____

Best way to reach you: Email Text Call Cell # Call home #

Date of Birth: _____

Area of Expertise:

- Physician Mid-Level Provider RN CMA
- Pharmacist CNA EMT Phlebotomist/LabTech
- Clerical Fundraising Event Planning
- Other: _____

Clinic hours are as follows:

Clinical

Tuesday: 4:30pm – 8:30pm
Wednesday: 9:00am – 12:00pm
Thursday: 1:00pm – 8:30pm

Administrative

Monday-Thursday: 9:00am - 5:00pm
Friday: 9:00am - 2:00pm

Please list the time(s) that you are available to volunteer:

Patient Privacy and Confidentiality and Service Excellence Practices

The Open Door Clinic of Alamance County is committed to creating and maintaining a patient centered environment. The staff and volunteers are expected to be in compliance with legal requirements. All members which includes the staff, volunteers, students and visiting observers are expected to perform in such a way as to enable this commitment.

This statement of compliance is to serve as a written contract between members as listed above and will be maintained in the active/inactive volunteer file as a part of a permanent record.

1. I will uphold and abide by the clinic's mission to provide free healthcare services with dignity, professionalism and concern for the indigent and uninsured residents of Alamance County.
2. I will uphold the principles of patient confidentiality. I will not discuss any patient's care, treatment, condition or personal data outside of necessary communication with appropriate healthcare team members.
3. I will exercise reasonable care, consideration and courtesy in dealing with patients and guests and I will not engage in conduct which would reflect adversely on the Open Door Clinic.
4. I will accept the guidance and decisions of the administrative staff and Board of Directors.
5. I will carry out duties to the best of my ability.
6. I will alert the administrative staff immediately if I feel that patient safety is jeopardized.
7. I will treat this volunteer opportunity as a commitment.
8. I will give notice when I cannot keep my commitment and give every effort to find a replacement for a shift I cannot cover.
9. I will sign in and out during each shift in order for volunteer hours to be recorded for auditing purposes.

By signing below, I agree to the statements above and understand that any infraction of the above statements could result in my dismissal from volunteering.

(Signature)

(Date)