Dear Potential Volunteer,

Thank you for your interest in CommuniCare Health Center’s External Volunteer Program. To continue our mission to improve the health of those we serve with a commitment to excellence in all we do, we invite you to be a part of the family at one of our facilities listed below:

West Campus:
    1102 Barclay Street
    San Antonio, TX 78207

East Campus:
    3066 East Commerce
    San Antonio, TX 78220

Northwest Campus:
    8210 Callaghan
    San Antonio, TX 78230

Las Palmas WIC Campus:
    803 Castroville Rd.
    Suite 416
    San Antonio, TX 78237

Kyle Campus:
    2810 Dacy Lane
    Kyle, TX 78640

Navigation Center
    7420 Blanco Rd. Ste 210
    San Antonio, TX 78216

Prior to beginning your volunteer work, you must complete the following steps:

- Pay a $20 fee processing fee that includes a t-shirt.
- Complete and sign the Application and Volunteer Disclosure form.
- You must have a letter of recommendation from at least 2 credible references other than a family member.
- A background check will be conducted. By signing the Volunteer Disclosure/Release form, you have given us permission to perform this mandatory check.
- You will need to have a tuberculosis test and during flu season, receive a flu shot. You must submit proof of your flu shot by submitting your immunization record. A health clearance is needed before volunteering.
- Attend the mandatory Volunteer Orientation session.

Email Volunteer Application to Mari Cortez at mcortez@communicaresa.org
Volunteer Application

Please list which location you would like to volunteer at: ______________________

Name: _________________________________________________________________

First       Middle       Last

Address: ______________________________________________________________

Street       City       State       Zip

Phone: (______) ___________________ Cell: (______) ______________________

E-mail: ______________________________________________________________

Birth date: (MM/DD/YY): ___________________ Social Security Number: __________

Work Status: _____ employed _____ retired _____ homemaker _____ unemployed _____student

Name of School, if student: _______________________________ Major: __________________

Current or previous place of employment: __________________________________________

In an emergency please notify:

Name: _______________________________ Relationship: __________________________

Address: _______________________________________________________________

Home Phone: (______) ___________________ Work Phone: (______) __________________

Cell Phone: (______) ___________________

Physician: _______________________________ Phone: (______) ______________________
How did you hear about our program? (please specify) ________________________________

Work Experience (please check all that apply)

____ Administrative ______ Clerical ______ Computer
____ Marketing ______ Retail/ Merchandising ______ Public Relations
____ Nursing ______ Teaching ______ Arts/Crafts/Music
____ Finance/Bookkeeping ______ Other: ________________________________

Information for service area placement:

Are you able to be on your feet for four hours? _____yes _____no
Do you have a service area preference (see below)? _____yes _____no
If yes, please provide information: __________________________________________________

Date available to start (MM/DD/YY): ________________________________

Please indicate when you are available to be scheduled.

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Have you ever committed, been convicted of, pled guilty to, or pled no contest to a felony or misdemeanor?

_____ no _____yes, please explain________________________________________________

___________________________________________________________________________

What do you hope to gain from your volunteer experience? __________________________

____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
The information provided in this application is true in all respects, without any willful omissions. I understand that if this application is false in any way I will be dismissed without notice regardless of when the false information is discovered.

As a CommuniCare Health Center Volunteer, I:

- Agree to attend the volunteer orientation and train until I am competent to perform the required duties
- Agree to comply with all the rules and regulations of the Health Center and the Volunteer Department
- Understand that I may be dismissed from my duties for willful wrongdoing or negligence and/or performing duties outside of my service guidelines
- Agree to call my department supervisor or volunteer coordinator as soon as possible when I have scheduling changes
- Agree to commit to at least 50 volunteer hours per year from starting date
- Agree to complete the tuberculosis screening
- Agree to pay a $20 processing fee that includes a t-shirt

Confidentiality:
It is the belief of CommuniCare Health Centers that all medical, financial, and personal information pertaining to a patient is confidential and is protected from unauthorized viewing, discussion, and disclosure. Therefore, volunteers may look at, use, or disclose patient information ONLY as it relates to the performance of their duties. Any unauthorized viewing, discussion, or disclosure will provide grounds for immediate dismissal. Whenever it is questionable as to what information is confidential, it is your responsibility to discuss the matter with your supervisor before any breach of confidentiality occurs.

I hereby acknowledge and understand that, as a CommuniCare Health Centers Volunteer, I am not an employee of CommuniCare Health Centers or entitled to any pay or benefits.

I acknowledge and have read the statements above and agree to abide by the expectations of the Volunteer Services and CommuniCare Health Centers.

I certify that all information set forth in this application submitted to CommuniCare Health Centers Volunteer Department is true, correct, and complete.

Signature: ___________________________ Date: ___________________________

Thank you for your interest in becoming a CommuniCare Health Centers Volunteer. Upon receipt of your application, our office staff will contact you to schedule a personal interview. We look forward to meeting you in the near future.
Please provide us with two references (employer, professor, co-worker, etc.) that would be able to serve as a reference for you. CommuniCare will reach out to reference prior to the personal interview.

**Reference 1**

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Organization: __________________________________________

Job Title: ____________________________________________

Work Phone: __________________________

Home/Cell Phone: __________________________

Relationship: ______________________________________

Years Known: __________________________

**Reference 2**

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Organization: __________________________________________

Job Title: ____________________________________________

Work Phone: __________________________

Home/Cell Phone: __________________________

Relationship: ______________________________________

Years Known: __________________________