



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

Las Palmas WIC Campus:

803 Castroville Rd.
Suite 416
San Antonio, TX 78237

Kyle Campus:

2810 Dacy Lane
Kyle, TX 78640

East Campus:

3066 East Commerce
San Antonio, TX 78220

Navigation Center

7420 Blanco Rd. Ste 210
San Antonio, TX 78216

Northwest Campus:

8210 Callaghan
San Antonio, TX 78230

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.

Day	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
From						
To						

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

Name: _____
 Title First Name Last Name

Organization: _____

Job Title: _____

Work Phone: _____

Home/Cell Phone: _____

Relationship: _____

Years Known: _____

Reference 2

Name: _____
 Title First Name Last Name

Organization: _____

Job Title: _____

Work Phone: _____

Home/Cell Phone: _____

Relationship: _____

Years Known: _____