



104 Saluda Pointe Drive
 Lexington, SC 29072
 803.227.8000
 (Fax)803.227.8204

Volunteer Application

(Please Print)

Date: _____

A. General Information				
Last Name	First Name	M.I.	Social Security #	
Present Address		City	State	
Phone Number		Email Address		
Language you speak, read or write?		Person to notify in case of emergency or accident (name, address, phone):		
Where did you learn of this volunteer opportunity?				
B. Health				
Do you have any physical limitations that would prohibit you from performing any tasks?				
C. Education History (fill out if resume' not attached)				
Name of Institution	Location	# of Years	Degree and Year	Major Subjects
D. Personal Interests				
1. HOW DO YOU FEEL ABOUT:				
A. Occasional pressure on the job?				
B. Meeting people for the first time?				
C. Helping others?				
D. Working alone vs. with others?				
2. Are you good at remembering names and faces?				
3. What fields would you like to learn more about?				
4. What do you do in your spare time? (extracurricular activities)				
5. Why are you interested in a volunteer position with Moore Orthopaedics?				
E. Economic & General Information				
Do you have any special problems which could lead to your being excessively tardy or absent?				
Please list your available days and hours for volunteering.				

F. Special Skills			
CHECK BELOW THE TYPES OF WORK YOU HAVE DONE OR CAN DO:			
<input type="checkbox"/> Bookkeeping	<input type="checkbox"/> General Computer skills		
<input type="checkbox"/> Composing Letters	<input type="checkbox"/> Copying		
<input type="checkbox"/> Filing	<input type="checkbox"/> Faxing		
<input type="checkbox"/> Receptionist	<input type="checkbox"/> Typing		
Other special skills: _____			
G. Medical Experience, if any (List most recent employment or volunteering first)			
1.	Dates (mm/yy)		Name of Organization
	From		
	To		Phone
	Address		
	Description of duties		
	Supervisor		
Reason for leaving			
2.	Dates (mm/yy)		Name of Organization
	From		
	To		Phone
	Address		
	Description of duties		
	Supervisor		
Reason for leaving			
<p>ANY MIS-STATEMENT OR OMISSION OF MATERIAL FACTS MAY BE CAUSE FOR DISMISSAL FROM MOORE ORTHOPAEDICS VOLUNTEER PROGRAM.</p> <p>I understand and agree that my volunteer time is for no definite period, and may be terminated at anytime without any previous notice. I also understand that there will be no guaranteed employment opportunities that may arise as a direct result of my volunteering time with The Moore Orthopaedic Clinic.</p>			
Signature of Volunteer: _____		Date: _____	
Signature of Guardian (if under 18): _____		Date: _____	
Printed Name of Guardian: _____			



Moore Clinic Volunteer Program General Information

1. All Moore Clinic volunteers working in or around patient care settings within the facility will undergo HIPAA training, OSHA training and facility orientation prior to starting their volunteer time.
2. Each person that volunteers with The Moore Orthopaedic Clinic is responsible for keeping up with their own hours and documenting them accordingly (where necessary).
3. All Moore Clinic volunteers must complete a Volunteer/Job Shadow Release Form, a Volunteer Application Form and sign the Moore Clinic Volunteer Program General Information page prior to being considered for a volunteer position.
4. Not every person that completes a Volunteer/Job Shadow Release Form, a Volunteer Application Form and the Moore Clinic Volunteer Program General Information page will be given a volunteer position with the Moore Clinic.

Moore Clinic Volunteer Responsibilities

Volunteers are permitted to do many things to assist in general clinic operations. Each volunteer will be assigned a supervisor who will create a list of job duties specific to their work area. Typical volunteer duties may include, but are not limited to:

- | | |
|--------------------------------|-----------------------------------|
| a. Filing | b. Scanning documents |
| c. Cleaning equipment/Tx areas | d. Copying |
| e. Scanning documents | f. Courier service |
| g. Greeting patients | h. Escorting patients to Tx areas |
| i. Answering phones | j. Faxing |

Volunteers are **NOT** permitted to perform any clinical functions directly or indirectly relating to a patient’s clinical care (i.e. distributing DME, drawing injections, etc...) and are **NOT** permitted to touch a patient.

I have read and understand the General Information and Volunteer Responsibilities page. I fully agree to comply with those set standards for The Moore Orthopaedic Clinic Volunteer Program.

Signature of Volunteer: _____ Date: _____

Printed Name of Volunteer: _____

Signature of Guardian (if under 18): _____ Date: _____

Printed Name of Guardian: _____