



*Clinic with a*  
**HEART**<sup>®</sup>

1701 S. 17th Street, Suite 4G, Lincoln, NE 68502  
Fax # 888 317 8608

**VOLUNTEER APPLICATION**

**Shirley J. Foster**  
Director of Volunteers  
402-499-6470

[shirley@clinicwithaheart.org](mailto:shirley@clinicwithaheart.org)

Application Date: \_\_\_\_\_

Name: \_\_\_\_\_  
(Last) (First)

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Primary Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Date of Birth (month/day/year): \_\_\_\_\_ Email Address: \_\_\_\_\_

Current Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Are you a student? YES NO School Attending: \_\_\_\_\_

What Languages do you speak? \_\_\_\_\_

If you hold a Nebraska medical license, please list the type of license (i.e., MD, RN, DDS, APRN, PA, etc.): \_\_\_\_\_

List local hospitals where you are credentialed: \_\_\_\_\_

**Work Experience:** (List most recent employment first)

| Company Name | Job Title | Start Date | End Date | Responsibilities |
|--------------|-----------|------------|----------|------------------|
|              |           |            |          |                  |
|              |           |            |          |                  |
|              |           |            |          |                  |

**Volunteer Experience:** (List most recent experience first)

| Agency Name | Start Date | End Date | Responsibilities |
|-------------|------------|----------|------------------|
|             |            |          |                  |
|             |            |          |                  |
|             |            |          |                  |

Are you available for clinics Monday, Tuesday or Thursday evenings? YES NO

Are you available to volunteer during daytime hours? YES NO

How did you hear about Clinic with a Heart?

Current Volunteer \_\_\_\_\_ Church \_\_\_\_\_ Friend \_\_\_\_\_ Other (specify) \_\_\_\_\_

Are you affiliated with Clinic with a Heart sponsors? YES NO

If yes, describe affiliation: \_\_\_\_\_

Have you volunteered at Clinic with a Heart in the past? YES NO

Have you ever been convicted of a misdemeanor or felony? YES NO

If yes, please explain. \_\_\_\_\_

Do you need verification of your CWAH hours for a requirement? YES NO

If yes, please explain? \_\_\_\_\_

Emergency Contact:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**VOLUNTEER STATEMENT:** I am at least 19 years of age and I wish to donate my services to Clinic with a Heart. I understand there is no payment for services rendered. I understand I may be asked to participate in photos of CWAH activities without expectation of any type of remuneration. I understand I may be subject to corrective action or dismissal from the CWAH volunteer program for failure to abide by the policies and procedures of CWAH. To the best of my knowledge I am in good health and able to perform assigned duties.

Volunteer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**VOLUNTEER ACKNOWLEDGEMENT  
AND RELEASE AGREEMENT**

In consideration of the participation of the undersigned (the "Team Member"), an individual who is at least 19 years of age, in or with Clinic with a Heart, Inc., a Nebraska nonprofit corporation (the "Clinic"), the receipt and sufficiency of which is expressly acknowledged, Team Member understands, warrants and agrees as follows (the "Agreement"):

**1. Release of Liability.**

Team Member acknowledges and agrees that:

- Health care, in any form and especially involving donated services in free clinic settings can be an inherently dangerous activity, carrying the significant risk of serious personal injury or death;
- The conditions and risks are frequently beyond the control of the Clinic and the Clinic is not able to completely mitigate such risks to the Team Member; and
- Team Member shall, at all times be responsible for, and shall be required to exercise all reasonable care for his/her own safety.

**Except to the extent covered by the Clinic's Blanket Accident Insurance policy, Team Member, for him/her self, spouse, successor, and heirs, does hereby release, waive, absolve, discharge and agree to hold harmless the Clinic, including other Team Members and the Clinic's representatives, officers, directors, employees, agents, affiliates, insurers and attorneys (collectively, the "Released Parties"), from and against any and all rights, claims, demands, causes of action, obligations, suits, liens, damages or liabilities of any kind and character whatsoever, whether known or unknown, suspected or claimed, which Team Member shall or may have in the future against the Released Parties arising out of, based on, related to or connected with Team Member's participation in any Clinic related activities.**

**2. Personal Responsibility.**

Team Member agrees that upon becoming a volunteer with the Clinic, he/she WILL:

- Adhere to the Policy and Procedures of Clinic with a Heart. Stay informed about Clinic operations, events, and changes by accepting and reading the monthly electronic newsletter and communication memos from the Clinic;
- Participate in relevant educational offerings;
- Record volunteer work time in and out and position worked;
- Know his/her team/discipline assignment and his/her team/discipline leader and how to contact him/her;
- Utilize his/her team/discipline sign up scheduling system in advance of the clinic/meeting, and if unable to fill a work commitment, notify the team/discipline leader in advance;
- Learn and perform the duties of his/her position and seek assistance if needed;
- Treat patients, guests, and other volunteers with dignity and respect;
- Share concerns or ideas for improvement with a team leader or Clinic staff;
- Participate in the welcoming and orientation of new Clinic volunteers;

**3. Additional Terms.**

Team Member acknowledges that the Agreement is executed in exchange for the opportunity to participate in the Clinic and the Clinic related activities. This Agreement shall remain in force until written revocation thereof is delivered to the Clinic, however, Team Member recognizes that such revocation will result in Team Member being prohibited from further participation in the Clinic and the Clinic related activities. The Clinic reserves the right to terminate Team Member's participation in the Clinic and Clinic related activities at any time in its sole discretion with or without notice.

Team Member has read the Agreement in its entirety, understands it, voluntarily agrees to it, and further understands that Team Member has given up substantial rights by signing it. The person(s) signing this document has full authority and capacity to do so. If any portion of this Agreement is found to be invalid, the remainder shall continue in full force and effect. This Agreement shall be binding upon the Team Member and his/her respective heirs, personal and legal representatives, and successors.

Dated \_\_\_\_\_, 20\_\_\_\_

Signature: \_\_\_\_\_

4848-5281-3842, v. 5