



Volunteer Application

Date ____/____/____

Last Name: _____ First Name: _____ Middle Initial: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Mobile Phone: _____

Email address _____ Birth Date: ____/____/____

Emergency Contact: _____ Phone Number: _____

Please list any special skills, training or expertise that you have (medical specialty, carpentry, painting, computer graphics, fundraising, etc.)

Do you speak any language other than English? Yes / No Language: _____

Where else do you currently work or volunteer and what do you do there?

What volunteer position (s) are you interested in at BJVIM?

Clinical Positions:

____ Nurse/ Clinical Assistant—Title (Circle) APRN RN MA NP RT NA LPN Other _____

Current License No. _____ State _____ (Provide copy)

Retired / Inactive License _____

____ Patient Case Manager

____ Social Worker

____ Mental Health Services

Patient Relations Positions:

____ Front Office Assistant—Prepare schedules and make reminder calls.

____ Screener—Interviews patient for eligibility, enters patient data into computer

____ Scheduler—Schedule patient appointments with physician, on computer

____ Scanner—Scans patient documents into electronic medical records

____ Translator—Assist staff and volunteers in communicating with non- English speaking patients

What are your preferred days / hours to volunteer? Please Circle: Monday Tuesday Wednesday Thursday
Morning Afternoon Evening