**The Center for Healthy Hearts**

***Volunteer Application***

**Name:**

**Address:**

**Email:**

**Phone:**

**Days and Times Available:**

**If student…**

**School Name:**

**Program:**

**Special Health needs or considerations:**

**Goals/reasons for volunteering (What made you decide on volunteering with The Center for Healthy Hearts? What are you most interested in within the field of healthcare? What roles do you normally assume when working with a team? A large portion of the volunteer position involves learning a new system and becoming acquainted with the clinic’s workflow. How do you ensure you are learning and processing all the information?):**

**Volunteer Contract:**

1. Please be respectful of patients and their time.
2. The attire for each shift is business casual. Jeans, leggings, spaghetti straps, crop tops, graphic t-shirts with profanity or offensive content and shorts are not permitted.
3. Volunteers are allowed one absence, regardless of the circumstance (sickness, family emergency, car issues, etc). Volunteers are expected to give the Volunteer and Internship Coordinator at least 72 hours advance notice of the absence via email and find another volunteer of their shift. If they are unable to do so, they must notify the Coordinator of this as well.
4. A second absence will result in a warning and a formal meeting with the clinic staff to address attendance.
5. After a third absence, the volunteer will be asked to leave the program for the semester. Reapplication into the program is at the clinic’s discretion.
6. Progression to working with the clinical team is NOT a guarantee. It is dependent on availability, the volunteer’s attendance record, clinical knowledge base and adherence to the policies outlined in the volunteer training manual and is at the discretion of the Volunteer and Internship Coordinator and staff.
7. Comprehension of the volunteer training manual is expected on the first shift.

If accepted into the volunteer program, I agree to the following conditions and agree to abide the above set forth guidelines for the duration of my volunteer time at the Center. Signing this contract does not constitute acceptance into the volunteer program at The Center for Healthy Hearts.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Contact Info**

In case of emergency, I give my permission to the Center for Healthy Hearts to make the necessary contacts and share my medical information as needed in my care.

**Signed: Date:**

**Emergency Contact Name:**

**Relationship:**

**Phone Number:**

**Address:**

**Physician: Phone Number:**