

Roger Bouck RotaCare Free Clinic – Lake City: Volunteer Application

Name _____ DOB: _____

Address: _____

Phone _____ e-mail _____

Current school or employer _____

MDs, ARNPs, RNs only: med or nursing school, grad yr _____
WA Professional License #, exp. date, and specialty _____

In what capacity do you wish to volunteer? Physician [] Nurse practitioner [] Nurse []

Pharmacist [] Social Worker [] Registrar [] Tech Support [] Other _____

Any foreign languages? _____ **Special skills?** _____

Available to volunteer: Weekly [] Twice monthly [] Monthly [] Quarterly [] On Call []

We ask medical practitioners and nurses to volunteer at least one Saturday every 1-2 months.

We ask registrars to commit for at least 9 months (so they can learn the routines).

Hold Harmless Agreement: I understand that I am a volunteer for RotaCare and have accepted this position of my own free will. I agree to hold the organization, its officers, and any other volunteers harmless from any dispute that might arise over any incident occurring in the clinic, or while I am acting on behalf of RotaCare. Signature below indicates that I agree.

Confidentiality Agreement: We will ask you to sign a confidentiality agreement when you come in for orientation, that any and all information regarding patients is confidential and may not be disclosed.

WATCH consent: Since we must do a Washington State Patrol criminal background check on all volunteers, please sign and return the Washington State WATCH Disclosure Consent Form with your application.

Signature _____ Date _____

Please fax this with signed WATCH and Confidentiality forms to 206-417-9660 or mail to Lake City RotaCare Clinic, 12736 33rd Ave NE – Suite 200, Seattle, WA 98125

For any questions, please contact clinic manager davidskatula@comcast.net or Hannah Jang hj14569@gmail.com.

(For RotaCare use only: approved _____ date _____)

Volunteer form 2020