



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

*P.O. Box 22851, Lincoln, NE 68542-2851*  
*Fax # 888 317 8608*

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

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

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

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

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

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

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

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

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

For individuals holding a medical license, registration, or certification, please complete and attach copy:

License #/ Certification #: \_\_\_\_\_

Medical malpractice policy # (if applicable): \_\_\_\_\_ Exp. Date: \_\_\_\_\_

List local hospitals where you are currently credentialed and privileges held:

\_\_\_\_\_

**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

**Availability:**

\_\_ **1<sup>st</sup>** Tuesday    \_\_ **2<sup>nd</sup>** Tuesday    \_\_ **3<sup>rd</sup>** Tuesday    \_\_ **4<sup>th</sup>** Tuesday    **5<sup>th</sup>** Tuesday  
5:30-7:00 p.m.    5:30-7:00 p.m.    5:30-7:00 p.m.    5:30-7:00 p.m.    5:30-7:00p.m.

\_\_ **1<sup>st</sup>** Thursday    \_\_ **2<sup>nd</sup>** Thursday    \_\_ **3<sup>rd</sup>** Thursday    \_\_ **4<sup>th</sup>** Thursday    **5<sup>th</sup>** Thursday  
5:30-7:00 p.m.    5:30-7:00 p.m.    5:30-7:00 p.m.    5:30-7:00 p.m.    5:30-7:00 p.m.

Would you ever be available for volunteering during daytime hours? Yes\_\_\_ No\_\_\_  
Maybe\_\_\_

How did you hear about Clinic with a Heart?

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

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 19 years of age or older and I wish to donate my services to Clinic with a Heart. I understand that there is no payment for services rendered under the Volunteer Program of Clinic with a Heart. I also understand that photographs may be taken from time to time for publication or other uses. I agree to abide by the rules and policies of Clinic with a Heart and I will work under the Volunteer Services Program. I will maintain confidentiality concerning patient and family information, staff, physicians and the Clinic. If I do not abide by these rules and policies or break confidentiality, I may be subject to corrective action or dismissal from the Volunteer Program.

To the best of my knowledge, I am in good health and able to perform assigned duties at Clinic with a Heart.

My signature on this application indicates all information to be factual and true. My signature also provides my permission to contact listed hospitals or other professional organizations for credentialing and privileging verification. I further understand a National Practitioner Data Bank query may be requested, when applicable, as part of the CWAH credentialing process. I understand I will undergo a reappointment process at least every two years, specific to the volunteer service being provided.

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



## **RELEASE OF LIABILITY, AGREEMENT NOT TO SUE, HOLD HARMLESS AND INDEMNIFICATION AGREEMENT**

"Team Member" means the undersigned.

In consideration of Team Member's participation in or with Clinic with a Heart ("Clinic"), the receipt and sufficiency of which is expressly acknowledged, Team Member understands, warrants and agrees as follows:

- Health care, in any form and especially involving donated services in free clinic settings is an inherently dangerous activity, carrying the significant risk of serious personal injury or death.
- The conditions and risks and other similar factors, are beyond the control of the Clinic.
- The Clinic, and the various facilities and environments at which any Clinic activity is held cannot completely control or supervise the activities of others in all circumstances and, as a consequence, Team Member may be at risk.
- Team Member understands that as a condition to his/her participation with the Clinic, Team Member shall, at all times be required to exercise all care for his/her own safety and the safety of others, and shall abide by and conduct him/herself in a manner consistent therewith.
- Team Member shall be solely responsible for procuring and wearing the appropriate safety equipment, including (without limitations) head, eye, and other protective gear, before and during any Clinic activity associated with any Clinic or any Clinic activity whatsoever.
- Team Member acknowledges that Team Member is solely responsible for his/her own safety.

**Accordingly, Team Member, for him/her self, spouse, heirs, assigns, related individuals and related entities, 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. Team Member also agrees to indemnify and hold the Released Parties harmless from the payment of any and all judgments, settlements, costs, disbursements and attorney fees that are associated with the Released Parties having to defend or investigate any claim, action or proceeding of any type whatsoever arising out of Team Member's participation in any Clinic activity including, but not limited to failure to warn, negligence (whether caused by the sole negligence of the Released Parties, the**

**concurrent negligence of the Released Parties with Team Member or any other person, or otherwise), strict liability, or otherwise.**

Team Member understands that if any circumstance or understanding affecting the Team Member's election to sign this Release of Liability, Agreement Not To Sue, Hold Harmless and Indemnification Agreement is later found to be other than or different than now believed by Team Member to be true, Team Member expressly accepts and assumes the risk of such possible difference and agrees that this Release of Liability, Agreement Not To Sue, Hold Harmless and Indemnification Agreement shall be and remain effective notwithstanding such difference.

Team Member covenants and agrees not to sue or institute, prosecute, maintain, proceed on, or assist with a suit which arises out of, or may be, in whole or in part, based upon, related to or connected with the released matters herein or any part of them.

Team Member further covenants and agrees that in the event that Team Member is injured during a Clinic related activity, Team Member consents to treatment of any injury. Team Member authorizes the Clinic, at its sole discretion and without any obligation thereby implied, to arrange for transport to a hospital or other medical facility for further medical attention. Team Member understands and agrees that the Clinic is not responsible for transporting Team Member to a hospital or medical facility that participates in his/her insurance/managed care plan, and Team Member represents and warrants that s/he has sufficient medical and accident insurance that will be maintained throughout the entire period of Team Member's participation in the Clinic and Clinic related activities, to cover all costs of medical care and treatment required as a result of any injury or accident.

Team Member acknowledges that this Release of Liability, Agreement Not To Sue, Hold Harmless and Indemnification Agreement is executed in exchange for the opportunity to participate in the Clinic and the Clinic related activities. This Release of Liability, Agreement Not To Sue, Hold Harmless and Indemnification 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.

**TEAM MEMBER HAS READ THIS RELEASE OF LIABILITY, AGREEMENT NOT TO SUE, HOLD HARMLESS AND INDEMNIFICATION 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 THE FULL AUTHORITY AND CAPACITY TO DO SO.**

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

Team Member: \_\_\_\_\_ Print Name: \_\_\_\_\_  
(Signature)

WITNESS: \_\_\_\_\_ Print Name: \_\_\_\_\_  
(Signature)