­­­­­KNIGHTS CLINIC VOLUNTEER APPLICATION

Thank you for showing interest in volunteering at UCF COM’s student run clinic. We are looking for volunteers who are dedicated to providing quality care to the underserved populations of the Orlando area. As a volunteer you will gain valuable experience in managing patient care from start to finish. In order for our patients to receive the best quality of care and for you to benefit from this learning experience, if selected you will be expected to complete several training sessions including a formal orientation, electronic medical record, phlebotomy, and/or other committee specific training. You will be expected to be available for one clinic night per month, which will run on Thursday evenings from about 5-9pm. Please take the time to answer the following questions and submit them to knightsclinic@gmail.com by Friday, August 30th.

Name: ­

Class of:

E-mail:

Phone:

Undergraduate major:

Other medical degrees (ex. Nursing, PA, PT, etc.):

1. Why do you want to be a part of KNIGHTS clinic and what do you hope to learn from working at the clinic? (300 words)

1. Please summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities. Please also list languages other than English in which you are fluent. (300 words max)
2. Do you have experience with any of the following? Please explain.

Phlebotomy/Clinical Lab Work

Pharmacy

Patient Education

Fundraising

Electronic Medical Records

Marketing/Advertising

1. Please circle your top 3 volunteer interests. We cannot guarantee anything, but we will try our best to place you in one of these positions.

Front Desk Patient Education Pharmacy Community Referrals

Electronic Medical Record Management Floor Managing

1. Please indicate if you would be interested in an administrative committee position in any of the following categories:

Research Electronic Medical Record Management Fundraising Lab

\*These are specialized committee positions that are not considered to be board positions, simply opportunities to play a larger role in the clinic.

If selected, your ability to volunteer is contingent upon:

* Completing all required paperwork
* Attending a formal orientation
* Attending EMR training
* Remaining in good academic standing

I, , understand that if I am accepted as a volunteer that I will be expected to fulfill all responsibilities of my role as outlined in the clinic handbook, which will include investing time outside of the scheduled clinic hours, this may include but is not limited to additional leadership or electronic medical record use trainings. I also understand that if I am unable to attend my scheduled clinic day that it is my responsibility to inform the Volunteer coordinators no less than 72 hours before the scheduled clinic.

By submitting this application, I affirm that the facts set worth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name:

Date: