



# Volunteers in Medicine of the Olympics Clinic

## Volunteer Application

Complete and return to VIMO Clinic, 909 Georgiana, Port Angeles, WA 98362

Name \_\_\_\_\_  
First Name Middle Initial Last Name

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Mailing address if different \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Best time to call \_\_\_\_\_ Best number to call \_\_\_\_\_

### What has prompted you to volunteer at the Volunteers in Medicine of the Olympics Clinic?

\_\_\_\_\_  
\_\_\_\_\_

### Which of these assignments are you qualified for and interested in?

- |                                                    |                                                |
|----------------------------------------------------|------------------------------------------------|
| <input type="checkbox"/> Physician Specialty _____ | <input type="checkbox"/> Receptionist          |
| <input type="checkbox"/> Physician Assistant       | <input type="checkbox"/> Medical Assistant     |
| <input type="checkbox"/> Nurse Practitioner        | <input type="checkbox"/> Community Outreach    |
| <input type="checkbox"/> Registered Nurse          | <input type="checkbox"/> Volunteer Coordinator |
| <input type="checkbox"/> Pharmacist                | <input type="checkbox"/> Program Development   |
| <input type="checkbox"/> Clerical                  | <input type="checkbox"/> Board of Directors    |
| <input type="checkbox"/> Social Worker             | <input type="checkbox"/> Medical Records Clerk |
| <input type="checkbox"/> Health Educator           | <input type="checkbox"/> Fund Raising          |
| <input type="checkbox"/> Consultant _____          | <input type="checkbox"/> Other _____           |

### Availability for volunteering:

- Monday Clinic – 11:45am to 5:00pm
- Thursday Clinic – 6:00pm – 9:00pm
- Other times you would be available to help if needed: \_\_\_\_\_

### Frequency for volunteering:

- Once a month
- Once a week
- Twice a month
- Other \_\_\_\_\_

### Emergency Notification:

In the event of an emergency, who should be notified:

Name/Relationship \_\_\_\_\_ Phone Number \_\_\_\_\_

### ATTENTION VOLUNTEERS

VIMO arranges for malpractice insurance coverage for licensed physicians, physician assistants and nurse practitioners volunteering at the VIMO Clinic. In addition, all licensed health care providers have statutory immunity from medical malpractice claims pursuant to RCW 4.24.300. Non-licensed volunteers working in the VIMO Clinic are NOT covered by malpractice insurance or statutory immunity under RCW 4.24.300; however, VIMO will defend, at no cost to the volunteer, non-licensed volunteers named in a lawsuit arising out of volunteer activity at the VIMO clinic.