



Volunteers in Medicine

FREE CARE FOR THE UNINSURED
www.vimsj.org • 609-463-2846

Return Application to:

Volunteers in Medicine
423 Route 9 North, CMCH, NJ 08210

Questions? Contact Anne Marie at 609-778-2707 or
volunteercmc@vimsj.org

Note: Licensed healthcare providers please use a different application.

Name: _____

Phone: _____ E-mail: _____

Address: _____

City, State ZIP: _____

PLEASE CHECK ALL ROLES THAT MAY APPLY

- Data Entry Administrative Pharmacy Garden
- Thrift Store Fundraising Maintenance/Handyman Interpreter

Computer programs I am familiar with: _____

Languages spoken: _____

AVAILABILITY

Most volunteers commit to one 4 hour shift per week but others volunteer more or less. We understand you are a volunteer and take vacations, spend your winter in Florida, etc. We will do our best to accommodate your scheduling needs. Please note your availability and indicate your preferred frequency/day/time .

WEEKLY TWICE/MO MONTHLY OTHER

	MORNING	AFTERNOON	EVENING
MONDAY			
TUESDAY			
WEDNESDAY			
THURSDAY			
FRIDAY			

Emergency Contact

Name: _____ Phone # _____ Relationship _____

Volunteer Attestation

Flu: Have you had your annual flu vaccine? ___Yes ___ No

Covid: Are you up to date with Covid vaccines as defined for you by the CDC? ___Yes ___ No

Hep B: As a clinical volunteer having potential exposure to infectious materials, you have the right to receive the Hepatitis B vaccination series. Have you had the Hepatitis B vaccine? ___Yes ___ No
If No, please speak with the Clinic Director. Licensed volunteers will be required to complete additional paperwork.

TB Screening: TB (tuberculosis) screening is required for all volunteers prior to commencement of duties. Please complete the information below.

Have you ever been tested for TB? ___Yes ___ No

- If No, speak with the Clinic Director to arrange a test
- If Yes, have you ever had a positive result? ___Yes ___ No
 - If yes, please discuss circumstances/next steps with Clinic Director
- If no, when and where was your last negative test?

- _____
- Have you been in an area that is considered high risk for TB since your last test?
___Yes ___ No (If yes, we will arrange a follow-up test)

General: Do you have any medical conditions of any kind or any other circumstances that would interfere with your ability to do the work required by your desired VIM volunteer position safely and effectively?
___Yes ___ No

Misc. Have you ever been convicted of a felony or misdemeanor other than a minor traffic offense?
___Yes ___ No

CONFIDENTIALITY STATEMENT: I understand and agree that in the performance of my duties as a volunteer/employee at Volunteers in Medicine I must keep all patient information strictly confidential and adhere to all HIPAA regulations. I understand that any violation of the confidentiality of this information will not be tolerated.

I agree as evidenced by my signature that the information provided in this application is true and complete to the best of my knowledge.

Applicant Signature

Date

Print Name