

# Olde Towne Medical Center

## Volunteer Program Application

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First Name:	Last Name:	Date:
Home Address:		Home Phone:
e-mail Address:		
Current Occupation:	Emergency Contact:	Emergency Phone:

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Please list skills or areas of expertise that you feel would be of assistance to OTMC. List Other

<input type="checkbox"/> Advanced PC skills	<input type="checkbox"/> Dental Hygienist	<input type="checkbox"/> Nurse Practitioner	
<input type="checkbox"/> Basic PC skills	<input type="checkbox"/> Dentist	<input type="checkbox"/> Physician	1. _____
<input type="checkbox"/> Bookkeeper/accountant	<input type="checkbox"/> Filing	<input type="checkbox"/> RN	
<input type="checkbox"/> Clerical	<input type="checkbox"/> Fundraising	<input type="checkbox"/> Reception	2. _____
<input type="checkbox"/> CNA	<input type="checkbox"/> Lab work	<input type="checkbox"/> Telephoning	
<input type="checkbox"/> Dental Assistant	<input type="checkbox"/> LPN	<input type="checkbox"/> Translation	3. _____

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I am also interested in being considered for:

- Administrative Support Volunteer -- for staff and volunteers
- Event Volunteer - support for special events, Back to School Clinic, Pap Clinic, etc.
- On-Call Volunteer -- to provide last minute administrative support or event support

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Please list any current volunteer positions or club affiliations: \_\_\_\_\_

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Have you ever been convicted of a law violation(s), including moving traffic violation(s)?  Yes  No

If yes, please describe the offense(s): \_\_\_\_\_

\_\_\_\_\_ Date of charge: \_\_\_\_\_ Date of conviction: \_\_\_\_\_

Statute/Ordinance (if known) \_\_\_\_\_ County/City & State of conviction: \_\_\_\_\_

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Please check areas of interest and list the 3 that interest you most. List Other

<input type="checkbox"/> Admin Assistant	<input type="checkbox"/> Data Entry	<input type="checkbox"/> Front Desk/ Reception	<input type="checkbox"/> Lab Medication Assistance Program	<input type="checkbox"/> Telephoning	
<input type="checkbox"/> Billing	<input type="checkbox"/> Dental Clinic	<input type="checkbox"/> General Clerical	<input type="checkbox"/> Special Events	<input type="checkbox"/> Translation	1. _____
<input type="checkbox"/> Chart Room	<input type="checkbox"/> Extended Hours	<input type="checkbox"/> Immunization Clinic			2. _____
					3. _____

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Please indicate the days and hours you can be available to volunteer.

<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday
# hours _____	# hours _____	# hours _____	# hours _____	# hours _____
_____ to _____	_____ to _____	_____ to _____	_____ to _____	_____ to _____

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### STATEMENT OF AGREEMENT

I hereby certify that all entries on this application are true and complete, and I agree and understand that any falsification of information herein, regardless of time of discovery, may cause forfeiture on my part to any rights in service to Olde Towne Medical Center.

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Signature \_\_\_\_\_ Date \_\_\_\_\_

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Olde Towne Medical Center is located at 5249 Olde Towne Road, in the James City County Human Services Building. Williamsburg Area Transit bus service is available. Clinic hours are 8:30 a.m. to 5:00 p.m. Monday, Wednesday, & Friday; 7:00 a.m. to 7:00 p.m. Tuesday & 8:00 a.m. to 8:00 p.m. Thursday.

**Please return completed application to: Volunteer Coordinator, OTMC, 5249 Olde Towne Road, Williamsburg, VA 23188**