



Non-Clinical Support VOLUNTEER APPLICATION

Applicant Name _____

Street Address _____

City/State/Zip _____

Telephone: Home _____ Cell _____ Office _____

Email _____

SS# _____ **Date of Birth** _____

How did you hear about the Free Health Care Center volunteer program? _____

Volunteer Opportunities

The Free Health Care Center functions like a busy doctor/dentist office with multiple doctors and dentists. Prior phone and computer experience in a busy office setting is helpful. We will train you to use our phone system and computer equipment and programs.

Two types of non-clinical support positions are available.

RECEPTIONIST. Duties include:

- Greet patients and guests and provide general clinic information.
- Answers and makes phone calls; directs phone calls to appropriate staff or volunteers; takes messages.
- Schedules patient appointments on the computer.
- Completes other clerical duties as assigned.

ELIGIBILITY SPECIALIST. Duties include:

- Screen applications to determine eligibility for medical/dental services.
- Review patients' charts annually for recertification.
- Interview patients and obtain appropriate documentation.
- Answers and makes phone calls regarding eligibility.
- Data enter patient information into the computer.
- Completes other duties as assigned.
- Due to the importance of this function and the training required, we ask that volunteers commit to at least once a week.

Previous Volunteer Experience

1. Organization: _____ Dates Volunteered: From _____ To _____

Worked Performed: _____

2. Organization: _____ Dates Volunteered: From _____ To _____

Worked Performed: _____

3. Organization: _____ Dates Volunteered: From _____ To _____

Worked Performed: _____

Employment History

Please list current or most recent employer. You may also submit a resume if you wish.

Employer: _____ Dates Employed: From _____ To _____

Job Title: _____

Job Duties: _____

Immunization Status

Copy of TB test (PPD) with results, (must be within one year) _____ Date _____

Photo ID

Please include a copy of your driver's license or other government issued photo ID with this application.

Act 33 Clearances

All volunteers are required to submit for a Criminal Background Check and Child Abuse Clearance.

- **Criminal Background Check**

A current criminal background check, directions attached.

- **Child Abuse Clearance**

A current Child Abuse Clearance, directions attached.

Emergency Information

Contact Name and Relationship _____ Phone # _____

Applicant's Signature

I certify that the above information is true and accurate. I certify that I am healthy and fit to perform the work requested of me.

Signature of Applicant

Date

COMPLETE ALL FORMS and return by mail or in person at the address on the CHECK LIST

Thank you for your interest in the Catholic Charities Free Health Care Center.



Non-Clinical Support Volunteer Applicant CHECK LIST

- ___ Volunteer Application
- ___ Work Resume (*optional*)
- ___ Copy of driver's license or other government issued photo ID.
- ___ Copy of current TB (PPD) report. Results must be within one year.
- ___ Criminal Background Check, directions attached.
- ___ Child Abuse Clearance certificate, directions attached.

COMPLETE ALL FORMS and return by mail or drop them off at the address below.

**Catholic Charities Free Health Care Center
Volunteer Coordinator Office
212 Ninth Street, Pittsburgh, PA 15222**

Volunteer Coordinator Office: 412-456-6977