



Volunteer Interest Form

Contact Information

Name *

First Name

Last Name

Email *

Phone *

Volunteering Eligibility

Are you over 18? *

Yes

No, Thank you for your interest, but volunteers must be 18 or older.

Are you a patient of Olde Towne Medical & Dental Center? *

Yes. I understand that I will be limited in what areas I may volunteer due to a conflict of interest.

No

If you are a licensed medical or dental professional's only, would you be willing to complete a background check? *

Yes

No

N/A

Interests and Qualifications

Explain your volunteering interests and qualifications

Do you speak another language, if so please write below.

What are your area(s) of interest? Check all that apply. *

Accounting and/or Billing

Clerical

Events and Outreach

Mental Health

Dentist

Dental Assistant

Dental Hygienist

Medical Assistant

Nurse (LPN or RN)

Nurse Practitioner

Physician

Specialist

Lab Technician

Language Translator

Do you have a professional background or work experience in any specific areas?

This would include past or present professional licenses or certifications.

Check all that apply.

Accounting or Billing

Behavioral Health

Dental

Medical

Other

Elaborate on experience listed above, explain other, and/or list relevant licensure/ certifications.

Why are you interested in volunteering?

want to give back to my local community.

am a college student and planning for my future.

am retired and want to help out.

Is there any other information you would like to share?

Availability and Documentation

What is your availability? Working around individual schedules can be arranged if these specific times do not work. The clinic is typically closed for lunch from 12:00-1:00pm

Monday 9am-12pm

Monday 1pm-4pm

Tuesday 9am-12pm

Tuesday 1pm-4pm

Wednesday 9am-12pm

Wednesday 1pm-4pm

Thursday 9am-12pm

Thursday 1pm-4pm

Friday 9am-12pm

Friday 1pm-4pm

Required Paperwork

Open, read, and acknowledge understanding of the following policies.

- Cell Phone Use Policy: <https://bit.ly/4eVOBuZ>
- Confidentiality Agreement: <https://bit.ly/486hHWs>
- Internet Use Policy: <https://bit.ly/480MfIZ>
- HIPAA Training: <https://bit.ly/4eAcdp4> - please complete training through this website and send the Certificate of Completion to Susan.dunn@jamescitycountyva.gov .

I have read, understand, and acknowledge the policies outlined above.

I have read, understand, and acknowledge OTMDC's Cell Phone Use Policy, Confidentiality Agreement, Internet Use Policy, and completed the HIPAA Training module (please send completed certificate to susan.dunn@jamescitycountyva.gov).

Thank you for your interest, we will review your information and contact you soon. Currently we are looking for Spanish speakers, clerical help, as well as Events & Outreach.