



## PARTNER/VOLUNTEER APPLICATION

Marin Community Clinics Health Hubs

Please submit your completed application to:

[rcamacho@marinclinic.org](mailto:rcamacho@marinclinic.org)

415-755-2556

NAME \_\_\_\_\_

OVER AGE 18? YES ☐ NO ☐ IF "NO", BIRTHDATE: \_\_\_\_\_  
(Must be over age 14+ to volunteer)

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP CODE \_\_\_\_\_

PHONE NUMBER (\_\_\_\_) \_\_\_\_\_ EMAIL \_\_\_\_\_

IN CASE OF EMERGENCY, CALL (\_\_\_\_) \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

DO YOU HAVE ANY PHYSICAL LIMITATIONS THAT WOULD NEED TO BE CONSIDERED IN ASSIGNING YOUR VOLUNTEER DUTIES? NO ☐ YES ☐ IF YES, PLEASE EXPLAIN:

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### VOLUNTEER AGREEMENT

We are glad to hear you would like to become an **Awesome Health Hub Volunteer**! Please read the following guidelines for performance and conduct to ensure that MCC's mission and work is carried out in a safe, orderly way.

#### Health Hub volunteer Roles and Responsibilities

- Perform my volunteering role to the best of my ability to make a difference in the lives of the patients and their families.
- Be open to communicate with staff, volunteers and patients in a respectful/friendly manner and maintain confidentiality of any information or names pertaining to other volunteers.
- Provide care in a culturally sensitive manner, respect the differences and beliefs of other cultures.
- Do not initiate or engage in conversations regarding religion, politics or any other polemic topics.
- Wash hands before handling food or flyers, after breaks and after using the restroom. Wear gloves while distributing food or flyers.
- Seek help or guidance from the Health Hub Coordinator or Manager when a problem or question arises.
- Do not smoke, engage in any illegal activity, and do not use your cellphone or any distracting electronics during your shift.

#### Volunteer Waiver

In the course of my assigned MCC duties, as an enrolled volunteer of MCC I am protected against personal liabilities by MCC general liability insurance. As a condition of working as a volunteer for MCC, volunteers are covered by the same standards of behavior and code of conduct expected of staff. I have received, read, and accepted the standards of behavior, policies and procedures described therein.

\_\_\_\_\_  
Name (printed)

\_\_\_\_\_  
Name (signed)

\_\_\_\_\_  
Date

**IF UNDER 18 YEARS OF AGE – PARENT SIGNATURE REQUIRED (in addition to youth volunteer signature above).**

\_\_\_\_\_  
Parent name (signed)

\_\_\_\_\_  
Parent name (printed)

\_\_\_\_\_  
Date

#### PHOTO/VIDEO CONSENT

I agree to allow photos or videos of me to be used for any legitimate purpose by the event holders and/or assigns

Yes \_\_\_\_ No \_\_\_\_ Signature: \_\_\_\_\_