

## Please complete and return to the Olympic Peninsula Community Clinic 819 Georgiana St, Port Angeles, WA 98362

Phone: 360-457-4431 Fax: 360-457-7755

Name				Date of Birth
First	M.I.	Last		
Street Address				
City		State	Zip Code	
Mailing Address (If	Different)			
Home Phone	Home Phone		obile Phone	
Work Phone		E-mail		
Best time(s) to call_	Best time(s) to callBest number to call			
What has promp	ted you to volunte	er at the Volun	iteers in Medi	cine of the Olympics Clinic?
Assignments you are Qualified	d for and Intereste	ed in:		
☐ Physician (Specialty		Mental Health Health Educat Social Worker Receptionist Fund Raising	tor	☐ Patient Registration/Intake ☐ Board of Directors Membe ☐ Program Developer ☐ Community Outreach ☐ Other:
Availability for Volunteering:				
☐ Mon. & Tues. Medical Cli ☐ Thurs. & Fri. Behavioral I		to 5pm)		Medical Clinic (5pm to 9pm) ation Hours (9am to 5pm)
Frequency for Volunteering:				
Once a Month	Once a week	☐ Twic	ce a Month	Other
<b>Emergency Contact:</b>				
Name/Relationship		Phoi	ne	

References:	
Work or Volunteer: Name	Phone Number
Personal: Name	Phone Number
ATTENTION	<b>VOLUNTEERS:</b>
physicians, physician assistants, no counselors volunteering at OPCC providers have statutory immunitipursuant to RCW 4.24.300. No OPCC are NOT covered by no immunity under RCW 4.24.300;	insurance coverage for licensed urse practitioners and mental health. In addition, all licensed health care by from medical malpractice claims on-licensed volunteers working at nalpractice insurance or statutory however, OPCC will defend, at noted volunteers named in a lawsuit OPCC.
Signature	Date