

# Volunteer, Intern and Work-Experience Application



Care Alliance Health Center

Date \_\_\_\_\_

Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email address: \_\_\_\_\_

*Please check here if you wish to receive email updates from Care Alliance:*

## **Current Employment Information** (check all that apply)

Student    Retired    Employed Full Time    Employed Part Time    Unemployed

*If Employed:*

Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Supervisor name: \_\_\_\_\_ Phone number: \_\_\_\_\_

## **Educational Background**

High School Name \_\_\_\_\_

Year Completed/Expected Graduation Date: \_\_\_\_\_

Undergraduate / Technical School: \_\_\_\_\_

Degree Earned/Field of Study: \_\_\_\_\_

Year Completed/ Expected Graduation Date: \_\_\_\_\_

Graduate School: \_\_\_\_\_

Degree Earned/Field of Study: \_\_\_\_\_

Year Completed/ Expected Graduation Date: \_\_\_\_\_

## **Relevant Licenses & Certifications (Attach photocopies of, and list below):**

### Experiences & References

*In addition to filling in the information below, please submit **one copy of your current resume***

Have you volunteered at Care Alliance before?  Yes  No *If so, when?* \_\_\_\_\_

Describe all related volunteer/employment experience that would be relevant to your desired volunteer placement at Care Alliance:

Organization	Position	Dates Held	Capacity	Relevant Experience
			<input type="checkbox"/> Volunteer <input type="checkbox"/> Employee	
			<input type="checkbox"/> Volunteer <input type="checkbox"/> Employee	
			<input type="checkbox"/> Volunteer <input type="checkbox"/> Employee	

Why are you interested in volunteering at Care Alliance?

Are you seeking placement as a requirement of an educational, work-experience or other formal volunteer/internship/externship program? If yes, describe:

Have you ever been convicted (including entering a plea of guilty or nolo contendere) of any felony crimes with in the past 7 years? Do not include convictions that were sealed or expunged pursuant to a court order. Yes  No

*A "yes" is not an automatic bar to volunteer service; the circumstances relating to the offense will be considered in relation to the volunteer position for which you are applying.*

If you answered "Yes," please provide the following information: The date, place of the offense and charge:

What other information do you believe is pertinent to our full understanding of this matter?

**Please List Three Professional or Character References**

Name	Relationship	Phone Number

### Areas of Expertise

(Please check all areas of expertise that you are interested in sharing through this placement.)

#### Medical & Dental Professional

- Certified Dental Assistant
- Dental Hygienist
- Dentist
- Medical Assistant
- Nurse Practitioner
- Nutritionist/Dietician
- Ophthalmologist
- Optometrist
- Patient Educator
- Podiatrist
- Physician
- Psychiatrist
- Psychologist
- Medical Student
- RN/LPN

#### Enabling & Supportive Services

- Disability/Medicaid Eligibility Specialist
- Electronic Medical Records (Registration, records, document scanning, etc.)
- Intake/Greeter
- Licensed Social Worker
- Medical Case Manager
- Medical Records-Filing
- Prescription Drug Assistance Program Enrollment Specialist
- Substance Abuse Counselor/Treatment Specialist
- Telephone Answering & Customer Service

#### Administrative

- Accounting
- Billing and Coding
- Clerical/Data Entry
- Event planning
- Event staff
- Grant writing & management
- Information Technology
- Online communications
- Surveying & Research
- Video production & editing

#### Please describe any other interests/areas of expertise:

#### Availability (check all that apply)

Date Available to Start Placement: \_\_\_\_\_

*Please note: Business hours are Monday through Friday, 8 a.m. to 5 p.m. for all clinical/on-site placements. Limited remote/virtual projects are available.*

- |  |   |
|--|---|
| <input type="checkbox"/> <b>Monday:</b> From _____ to _____    | <input type="checkbox"/> <b>Thursday:</b> From _____ to _____ |
| <input type="checkbox"/> <b>Tuesday:</b> From _____ to _____   | <input type="checkbox"/> <b>Friday:</b> From _____ to _____   |
| <input type="checkbox"/> <b>Wednesday:</b> From _____ to _____ |   |

If your availability is flexible, please describe the approximate hours per week you are willing to commit to:

Estimated Length of Volunteer Commitment: \_\_\_\_\_

Other Comments about Availability: \_\_\_\_\_

\_\_\_\_\_

Please return completed application and resume to Reanna Karousis at 1530 St. Clair Avenue Cleveland, Ohio 44114