



360 Peak One Drive, Suite 100
Post Office Box 4337
Frisco, CO 80443
Phone: (970) 668-4040
Fax: (970) 668-6699

Volunteer Application

Name: _____

Mailing Address: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

I would like to volunteer to help with:

Front desk _____ Filing _____ Clinic Assisting duties* _____
Medical Provider** _____ Interpretation _____ Special events _____
Special Projects _____ Computer Skills _____ Other _____

***Requires previous medical back office experience and certification of clinical skills.**

****Requires a current copy of Medical License, DEA, Hep B, PPD, CPR.**

Do you have any special skills (i.e. foreign language), talents, etc: _____

I understand that any and all patient information is strictly confidential. As a volunteer at Summit Community Care Clinic, I agree to treat all patients with dignity and respect, protecting their right to privacy.

Signature Date

Volunteer Coordinator Date

For SCCC use only

Date Interview completed _____

Date Orientation completed _____

Date Clinical Skills certified _____

Copy of current license, DEA, CPR, Hep B, PPD in file _____

Signature _____

