COMMUNITY MEDICAL CLINIC OF AIKEN COUNTY
244 Greenville St NW
Aiken, SC 29801
803-226-0630

Mission: The Community Medical Clinic of Aiken County is dedicated to improving the quality of life of impoverished, uninsured residents and the working poor of Aiken County by providing ongoing healthcare in a professional setting.

Volunteer Opportunities

- **Office Support Volunteers**
  - Check in prescriptions
  - Schedule Appointments
  - Answer the phone
  - Assist in Drug Reordering Process
  - General Office Duties
  - Appointment Check-in and Check-out
  - New Patient Mini-screenings
  - IT Help
- **Patient Qualification Volunteers (Screeners)**
  - Conduct Patient Qualification Interviews
  - Assist patient in collecting all required data
- **Medical Professional Volunteers**
  - Physicians
  - Nurse Practitioners
  - Nurses
  - Pharmacists
  - Pharmacy Tech
- **Building Support**
  - Yard Work
  - Cleaning

*We encourage Volunteers to sign-up for a 3-4 hour time period. However, we can work with your schedule as needed.

**Required Documentation for Volunteering:**

Volunteer Contact Information Sheet

Volunteer Sign-in Record Sheet

Copy of Professional License (if necessary)

Volunteer Confidentiality and Security Statement
Volunteer Contact Information

Name:_____________________________________ DOB:__________________________  Month/Date

Address:______________________________________________________________

City:___________________________   State:_________   Zip:____________________

Preferred Contact Number: ____________________

Additional Contact Numbers: ______________________________________________

E-mail (optional):________________________________________________________

I am interested in Volunteering as a:
   Physician/Nurse Practitioner/Physician Assistant
   Nurse (RN or LPN)
   Pharmacist
   Pharmacy Tech
   Medical/Office Support
   Patient Qualification Volunteer/Screener
   Building Support (Cleaning/Yard Work)

My best days and times to work are:
   Monday   Times Available: ________________
   Tuesday   Times Available: ________________
   Wednesday Times Available: ________________
   Thursday  Times Available: ________________

I am able to respond and work on short notice in times of need:
   Yes   No

Is your license active?   No   Yes   If Yes, what state: ________
Respecting the right to privacy is a basic element of Community Medical Clinic of Aiken County Management Policy. Information about a patient/client, volunteer, board member or employee required in the conduct of the Clinic’s business will be collected only by proper means, restricted to that which is relevant, used only for business purposes and maintained in a manner which will protect its confidentiality. All statutory requirements with regard to the privacy of such information shall be strictly followed. Except as required by law, no information shall be released without written permission. All employees/volunteers are to review and acknowledge this policy annually.

1. **Patient/Client** – It is imperative, because of the nature of our work that information pertaining to patients/clients is kept confidential. Under no circumstances should patients/clients be discussed outside the Clinic. Neither should cases be discussed within the clinic with anyone who is not directly involved. Do not discuss a case because of personal curiosity. Joint conferences for the purpose of discussing clients must be held in private and should be done on a “need to know” basis. No client information will be provided to outside agencies except with the client’s express written consent.

2. **Employee** – The only information given without the express written consent of the employee or former employee regarding current or former employment will be verification of employment and relevant dates. No further information shall be released without the employee’s written consent and the Executive Director’s approval.

3. **Volunteer** – The only information released about volunteers will be that which is requested by the volunteer in writing to the Executive Director, unless such information is used for volunteer recognition purposes.

I have read and understand the above Confidentiality policy. I also understand that failure to adhere to this policy could result in immediate dismissal from the Community Medical Clinic.

______________________________________________                 _________________
Print Name & Title                                                                                             Date

______________________________________________
Signature
Duties Discussed with Executive Director/Pharmacy Manager

1. 
2. 
3. 
4. 
5. 

*Duties may vary depending on the clinic’s schedule and needs.*
Volunteer Sign-In Record

Name: ___________________________________________________________

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<th>Task</th>
<th>Time-In</th>
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***Form stays in the Volunteer Sign-In Binder at the Front Desk***