



*Charitable Healthcare in Kendall County
"Neighbors Helping Neighbors"*

What Does Hill Country Mission for Health Do?

- Offer primary healthcare to impoverished adults (18-65) who are underinsured or uninsured and cannot afford healthcare.
- Utilize volunteers and area network specialists.
- Specialist clinics once monthly.
- Prescription Assistance Program.
- Discounted radiology and laboratory services.
- Advocacy for the uninsured.
- Participate in community events, health fairs, and parades.
- Organize fundraisers annually (Annual Golf Tournament, Annual Christmas Event, other events periodically).
- Volunteer Appreciation!
- Website access – www.missionforhealth.org
- Like us on Facebook - @hillcountrymissionforhealthboerne
- Follow us on Instagram - @hillcountrymissionforhealth
- Clinic hours 8:30 a.m. until 5:30 p.m. **Monday, Tuesday & Wednesday**
 - Lunch hour between 12:30 & 1:30 p.m.
 - Clinic is **closed** Thursday & Friday



Hill Country Mission for Health, Inc.
 122 Commerce Avenue | Boerne, TX 78006
 830.249.0130 Phone | 830.249.0124 Fax
 A 501c3 Non-profit Organization

VOLUNTEER SERVICE APPLICATION

Name:		Nickname:	
Street Address:			
City:	ST:	Zip:	
Cell Phone:	Work Phone:	Home Phone:	
Email:	Date of Birth:	SSN:	
Driver License #:	State of Issue:	Shirt Size:	
Emergency Contact:			Relationship:
Physical Limitations:			
Previous Volunteer Experience:			
Currently Employed or Retired From:			
What are your skills and interests in volunteering for the Mission? Check as many as apply.			
Medical Provider	Office	Other	
MD License #	Receptionist	Health Instructor	
PA License #	Administrative Assistant	Fund Raising	
NP License #	Translator	Repairs or Maintenance	
RN License #	Computer Support		
LPN/LVN License #	Data Entry		
Lab Tech	Grant Writer		
Medical Assistant/Tech			
EMT	Language(s) Spoken:		
How did you hear about us?			
Days/Hours Available:	Days:	Hours:	
Start Date Desired:			
Is this a Community Service Requirement? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, how many hours are required?			
Information obtained on this form may be used to perform a background check. By signing this form, I give Hill Country Mission for Health permission to perform a background check, if deemed necessary.			
Volunteer Signature		Date:	
Staff Signature		Date:	



VOLUNTEER CODE OF ETHICS

Believing that the Hill Country Mission for Health has a real need of my services as a volunteer worker:

- I will be punctual and conscientious in the fulfillment of my duties, as I understand that dependability is vital to my service;
- I will conduct myself with dignity, courtesy, and consideration, always remembering I represent not only myself as a volunteer, but also the entire Hill Country Mission for Health;
- I will consider as confidential all information, which I may hear directly or indirectly concerning a patient, a medical provider, or any personnel and will not seek information regarding a patient or read charts, records, or reports unless that is part of my job description;
- I will take my problems, criticisms, or suggestions to my supervisor and will never discuss these concerns in public, in front of or with patients, visitors, other volunteers;
- I will endeavor to be cheerful and pleasant at all times, to accept supervision graciously, and to make my work of the highest quality;
- I understand that all Hill Country Mission for Health policies, procedures and guidelines are designed with a great deal of thought and reason and I will uphold these standards and interpret them favorable to the community at large;
- I will fulfill my commitment of service for the duration of the program and assume responsibility for my scheduled attendance.
- I have read and understand the Code of Ethics and will follow the guidelines to the best of my ability.
- I understand that a violation of any of the above commitments may result in termination of my service in the volunteer program.

Volunteer Printed Name

Date

Volunteer Signature

Staff Signature

Date



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Volunteer Confidentiality Statement

I understand and agree that:

- All knowledge gained about patients at Hill Country Mission for Health is strictly confidential.
- This knowledge cannot be discussed between or among volunteers at the clinic or outside the clinic setting.
- Patient medical records, including reports, are only to be read by the medical personnel as needed for medical care.
- Patient appointment times, whereabouts of a patient, and patient status are privileged information and are not to be communicated to any other person.

I understand and agree that if I violate this confidentiality, I will no longer be qualified to volunteer at Hill Country Mission for Health.

Volunteer Printed Name

Date

Volunteer Signature

Witness

Date

Further information and policies regarding confidentiality may be found in the Policy and Procedure Manual.