



The Point Washington Medical Clinic relies heavily on the support of volunteers to execute our program. Volunteers are the backbone of our organization! Below is a description of our volunteer positions.

Screening Welcoming patients outside and distributing necessary paperwork.

Front desk Entering patients charts into the patient database and making appointments for patients. Also includes printing and scanning documents and answering the phone.

Check-out desk Collecting fees for labs and scheduling referrals for patients. Following up with patients to ensure continuity of care.

Floater Administer patient surveys, assist screener and front desk with administrative tasks, run paperwork, help nurses retrieve patients, stock food and drinks as needed.

Interpreter

Spanish and Portuguese-speaking volunteers are needed. Interpreters assist in all areas of the clinic, including during the patient/provider visit.

Mondays: 10:45 am - 2:00 pm AND/OR 2:00 pm - 5:15 pm
Tuesday: 9:45 am - 1:00 pm AND/OR 1:00 pm - 4:15 pm
Wednesdays: 6:50 am - 10:30 am AND/OR 10:30 am - 2:15 pm
Thursdays: 9:45 am - 1:00 pm AND/OR 1:00 pm - 4:15 pm

Clinical Support (Providers and Nurses)

Health care professionals licensed in the state of Florida are needed. Please fill out this paperwork, and we will contact you for credentialing. To best serve our patients, it's preferable that clinical support volunteers work the duration of the clinic day.

Mondays: 10:45 am - 5:15 pm
Tuesday: 09:45 am - 4:15 pm
Wednesdays: 6:50 am - 2:15 pm
Thursdays: 9:45 am - 4:15 pm

Hospitality

The clinic offers snacks and drinks to patients and volunteers each clinic day. Hospitality volunteers can sign up for food preparation and/or setting up the food in the clinic.

Event support

Point Washington Medical Clinic hosts and benefits from numerous events throughout the year that require volunteer assistance.

Please fill out the following volunteer paperwork and return via email. We do require a background check for volunteers (unless you are a licensed medical professional), and the cost is \$30. We will give you the background check form to complete when you come into the clinic for orientation and training. We look forward to getting you involved and are grateful for your interest!

Email: luisa@thepwmc.org



Point Washington
MEDICAL CLINIC

CONTACT INFORMATION

Name: _____

Email: _____

Phone: _____

Mailing Address: _____

City _____ State _____ Zip _____

Are you 18 years old or above? (circle one) YES NO

What are your days/hours of availability? _____

Upon review of the volunteer positions at the clinic, is there a specific position in which you are interested?

Would you be interested in helping outside of our weekly program needs? Please check areas of interest below:

Fundraising Events Board Service

Are there any specific talents, skills, or experiences you would like to share with the Point Washington Medical Clinic? (i.e. have you served on a nonprofit board or an event committee? Do you have people in your network you would like to get involved in the work we do?)

How did you hear about the Point Washington Medical Clinic? _____

I have read over the information in the Volunteer Packet and understand my volunteer responsibilities at the Point Washington Medical Clinic.

X _____



THE POINT WASHINGTON MEDICAL CLINIC VOLUNTEER RELEASE
& WAIVER OF LIABILITY FORM

This Release & Waiver of Liability (hereinafter the "release") executed on _____, 20__ by _____ (name of volunteer; hereinafter "Volunteer") releases the Point Washington Medical Clinic (hereinafter "PWMC") and each of its directors, officers, employees, agents, parent and subsidiaries, successors, and assigns. Volunteer desires to provide the following volunteer services: _____

Volunteer understands that the scope of Volunteer's relationship with PWMC is limited to a volunteer position and that no compensation is expected in return for services provided by Volunteer; that PWMC will not provide any benefits traditionally associated with employment to Volunteer; and that Volunteer is responsible for his/her own insurance coverage in the event of personal injury, damages or illness as a result of Volunteer's services to PWMC. Volunteer also acknowledges that this Release is in favor of, and shall inure to the benefit of PWMC, its directors, officers, employees, agents, parent, subsidiaries, successors, and assigns, and any and all persons or entities on PWMC's behalf who may be liable and further shall be binding upon Volunteer and his/her heirs, personal representatives, successors and assigns.

1. Waiver, Release & Assumption of Risk. Volunteer hereby releases and forever discharges and holds harmless PWMC its successors and assigns from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from the services Volunteer provides to PWMC. Volunteer understands and acknowledges that this Release discharges PWMC from any liability or claim that Volunteer may have against PWMC with respect to bodily injury, personal injury, illness, death or property damage that may result from services Volunteer provides to PWMC or occurring while Volunteer is providing volunteer services and that Volunteer is waiving his/her right to make a claim or file a lawsuit against PWMC or any of PWMC's representatives, parent or subsidiaries even if PWMC or any of its representatives causes the injury or damage. Volunteer shall indemnify and hold harmless PWMC from and against, any and all claims, demands, actions, causes of action, suits, whether at law or equity or otherwise, and/or liability of any kind whatsoever, for property damage and/or personal injury, including death, and any and all losses, damages, expenses, costs, fees and/or liabilities of whatsoever kind or nature in connection therewith (including, without limitation, attorney's fees and court costs that may be incurred by PWMC), arising or resulting from, or in any manner related to, Volunteer's engaging in volunteer activities, including but not limited to, property damage and/or personal injury, including death, caused in whole or in part by the negligence of PWMC or its representatives or otherwise.
2. Insurance. Volunteer understands that PWMC does not assume any responsibility or obligation to provide Volunteer with financial or other assistance, including, but not limited to, medical health or disability benefits or insurance of any nature in the event of Volunteer's injury, illness, death or damage to Volunteer's property and Volunteer expressly waives any such claim for compensation or liability on the part of PWMC.



3. Medical Treatment. Volunteer hereby releases and forever discharges PWMC, its parent, representatives, subsidiaries, and/or agents from any claim whatsoever which arises or may hereafter arise on the account of any first-aid treatment or other medical services rendered in connection with an emergency during Volunteer's tenure as a volunteer with PWMC.
4. Assumption of Risk. Volunteer acknowledges and understands that his/her engaging in volunteer activities with PWMC may expose Volunteer to dangers from both known and unanticipated risks. Nonetheless, Volunteer expressly assumes the risk of injury or harm from these activities and releases PWMC from any and all liability for injury, death, or property damage resulting from these services.
5. Photos. Volunteer grants to PWMC, its directors, officers, employees, agents, successors, and assigns the right to take photographs of Volunteer and Volunteer's property in connection with Volunteer's activities with PWMC. Volunteer authorizes PWMC, its assigns and transferees to copyright, use and publish the same in print and/or electronically. Volunteer further agrees that PWMC may use such photographs with or without Volunteer's name and for any lawful purpose, including but not limited to marketing, advertising, and internet content.
6. Other. PWMC and its providers carry medical malpractice insurance. Volunteer expressly agrees that this Release is intended to be as broad and inclusive as permitted by Florida law, and that this Release shall be governed by and interpreted in accordance with Florida law. Volunteer agrees that in the event that any clause or provision of this Release shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release, which shall continue to be enforceable.

Volunteer Signature (Signature of parent or legal guardian if minor)

Date