



# Volunteer Handbook

“Health and Healing for Yadkin County”



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“<sup>33</sup> But a certain Samaritan, as he journeyed, came where he was. And when he saw him, he had compassion. <sup>34</sup> So he went to *him* and bandaged his wounds, pouring on oil and wine; and he set him on his own animal, brought him to an inn, and took care of him.”

Luke 10:33-34 (NKJV)

### **MISSION STATEMENT**

Hands of Hope Medical Clinic is a voluntary effort of health professionals, private citizens, businesses, churches, foundations, and other human service agencies. It is a community effort to provide care and resources to the sick and needy in a loving and compassionate manner as best shown by the life of JESUS CHRIST.

### **VISION**

To provide a medical home to the uninsured and those unable to obtain healthcare from other sources.

### **OUR VALUES**

Deliver healthcare in a respectful and dignified manner to all who seek our services

Treat all we serve with compassion in a manner that glorifies God

Assist our clients unconditionally within the constraints of the clinic’s resources and policies

Promote independence, well-being and self sufficiency

Be good stewards with the resources that are given to the clinic in order to provide care to the most patients possible.

## **Volunteers**

Thank you for your interest in volunteering at Hands of Hope Medical Clinic. This effort would not be possible without you! We need volunteers that are enthusiastic and have a servant's heart for GOD and toward others! Most importantly we hope that our patients will come to know Jesus Christ through your actions and words. We seek to make work at the clinic fun and rewarding, as we create a positive, uplifting environment for the patient and their families while at the clinic. We operate as a judgment free clinic that seeks to serve the uninsured and less fortunate of Yadkin County. If you feel called to serve others by working at our clinic please complete the Volunteer Application and return it to one of the clinic's representative or mail it to the clinic's mailing address provided below. Please wait until orientation to sign the forms included in the handbook. After receipt of the application the volunteer coordinator will contact you and provide you with further information. If you have any questions, comments, or concerns please e-mail Hands of Hope at [lenagayle@live.com](mailto:lenagayle@live.com)

**Clinic Location**  
*148 Beroth Drive*  
*Yadkinville, NC 27055*

**Mailing Address:**  
*Hands of Hope Medical Clinic, INC.*  
*PO BOX 62*  
*Yadkinville, NC, 27055-0062*

## **Volunteer Process**

1. Fill out Volunteer Application, Agreement, Confidentiality Statement and Media Release forms.
2. Attach applicable collection of copies of licensure, background checks, certifications, BLS, etc.
3. Attend Volunteer Orientation or Clinic Representative will orient you on a clinical day.

## **Volunteer Descriptions**

**Executive Director:** A heart for service is a must for this position. The Executive Director is in charge of the operation of the clinic while open and while closed. They oversee all the operations and ensure that our policies are followed. They work closely with the Board of Directors and all the volunteers of the clinic. This position requires an interview.

**Hands of Hope Disciple:** Anyone interested in sharing the gospel of JESUS CHRIST with our patients. This may include working with a Chaplain and developing ways to best minister to our patients. Disciples may organize and distribute approved GOSPEL materials to the patients, be a part of a prayer team, and work with others to best share the gospel of JESUS CHRIST.

**Medical Provider:** Providers may be a: MD, DO, NP, or PA. They must have an active license in good standing. Medical mal-practice may be covered by the clinic. The Board of Directors or Executive Director has more information.

**Nurses:** Nurses may be a MSN, BSN, RN, or LPN. They must have an active license in good standing. Duties include taking vital signs, recording patient's history and chief complaint, performing basic lab tests and assisting providers as needed.

**Pharmacist:** Pharmacist must have active license. Duties will include dispensing medications from on-site pharmacy and counseling patients on medication usage.

**Pharmacy Assistant:** The pharmacy assistant will help in the capacity that is needed within our onsite pharmacy. This may include recording the medication given, giving handouts to the patient about the medication, and/or anything else the pharmacist may need assistance with. NO PRIOR EXPERIENCE REQUIRED.

**Receptionist:** Great customer service and clerical skills are a must to volunteer as the receptionist. Duties include: Electronic patient check-in and other duties that may be required.

**Student Internships, Preceptorships, etc.:** Responsibilities will vary depending on the student's field of interest.

**Interpreters:** Interpreters may be certified or un-certified. They will help in the capacity in which they are comfortable and will work within their scope of competency. They will assist all volunteers during clinic hours with communication with our Hispanic clients.

**Information Technology Specialist:** Depending on the computer skills of the volunteer duties will vary. They could include assistance with the electronic medical record, networking, data entry, graphic design and or hardware troubleshooting.

**I Just Want To Volunteer:** These volunteers just want to show up and help how they can. They have the HEART of SERVICE and want to help others.

## Important Information

### **Volunteer Documentation**

All volunteers must complete the Volunteer Application form along with all required documentation (i.e. Confidentiality Statement, Volunteer Agreement, and media release forms in the handbook) and return it to the Volunteer Coordinator.

### **Parking**

Parking is allowed anywhere around the building. Unless there is a special need, please park further away from the clinic to allow for patients to be dropped off.

### **Dress Code**

Our dress code is office appropriate casual attire with the exception of wearing our clinic clothing. Medical volunteers may wear what is standard attire in their particular profession.

### **Volunteer Shifts**

Volunteers are asked to arrive 15 minutes prior to the start of their shifts. This is extremely important as it helps to keep the clinic running smoothly. We understand that there may be times and situations in which you will run late, however, please contact the clinic as soon as possible so that we can make adjustments accordingly.

### **Personal Phone Use**

Please be considerate of others and silent or turn off any electronic devices while you are volunteering. If it is necessary to take a personal call, please find a private location and make sure your clinic area is covered.

### **Areas of Privacy**

Please be considerate of the patients in areas in which privacy is expected. This includes the Check-in area, Triage area, and the Lab section of the clinic.

### **Complaints/Concerns and Suggestions**

All complaints, concerns, and suggestions should be addressed to the Executive Director, Volunteer Coordinator, Medical Director, or can be submitted anonymously online at [feedback.hohclinic.org](https://feedback.hohclinic.org). Every effort will be made to resolve the issue(s) or respond to any suggestions in a timely manner.

### **Licenses**

All medical volunteers must supply a copy of their current license/certificates.

### **Compensation**

UNDER NO CIRCUMSTANCES ARE VOLUNTEERS ALLOWED TO ACCEPT MONETARY COMPENSATION. If a patient would like to give money they may be instructed that they can donate to the clinic but that it is NOT a fee for the service. If you are unsure of what to say please refer them to the clinic director.

## Confidentiality Statement

I understand:

That all information I am exposed to regarding patients, program participants, volunteers, and family members of patients/volunteers of Hands of Hope Medical Clinic, may be governed or protected by federal, state and/or local regulations and, where privileged, is to be held in the strictest confidence.

- No privileged information will be discussed with family, friends, or any other unauthorized person;
- I may release only information that is duly authorized for release and for which I have training and authorization to release;
- Unauthorized disclosure is cause for termination of volunteer services as well as possible civil and/or criminal sanctions.

Furthermore, I hereby agree to the following as affirmed by my signature on this page in my complete Volunteer Application:

- Release only that information that is duly authorized for release;
- Resist any effort or request for information that is protected by relevant federal, state, and/or local regulations;
- Not divulge, publish, or otherwise make known to unauthorized persons or the public any confidential information obtained in the course of my service or participation with clinic activities; institute or comply with appropriate procedure for safeguarding such information and will hold discussions only in places which assure privacy, and only on a need to know basis.

## Media Release

I hereby consent to and authorize the use and reproduction of any and all photographs and any other audio/visual media taken of me for promotional material, educational activities, and special events or for any other use for benefit of the clinic, as affirmed by my signature on the Media Release page in my complete Volunteer Application.

## VOLUNTEER AGREEMENT

Thank you for your interest in volunteering at the Hands of Hope Medical Clinic. Before we place you in a position to serve others we want you to consider and commit to the guidelines and standards listed below. Volunteering at Hands of Hope Medical Clinic can be a fun and very rewarding experience, but it requires a commitment since patients and other volunteers are relying on you!

All volunteers are expected to honor the following statements. Please review them carefully prior to your volunteer orientation and feel free to ask questions that you may have at that time.

### **As a volunteer at Hands of Hope Medical Clinic I agree to:**

*Report on time for my scheduled shift*  
*Provide health care services with courtesy and respect to all patients and their family members*  
*Comply with all clinic policies, protocols, procedures, and other requirements*  
*Respect all Hands of Hope volunteers*  
*Respect and maintain CONFIDENTIALITY in regard to all personal and medical information of patients at Hands of Hope Medical Clinic*  
*Report any incidents, concerns, mistakes, or disputes to the proper Clinic staff*  
*NOTIFY the volunteer coordinator at least one week prior to any cancellations or changes to your schedule. (We understand that illness, family, and unforeseen circumstances arise, but please call the clinic volunteer coordinator as soon as you know that you cannot work)*  
*Provide health care services with courtesy and respect to all patients and their family members*

### **Hands of Hope Medical Clinic agrees to:**

*Provide orientation, training, and support to all new volunteers*  
*Respect, support, and recognize the efforts of all volunteers*  
*Will strive to continually improve its services and resolve any problems that arise in a loving and Christian manner.*

Hands of Hope Medical Clinic reserves the right to terminate the relationship between itself and the volunteer if at any time the service is found to be unsatisfactory or in the event that the provided services are no longer needed.

## LEGAL CONCERNS

Currently Hands of Hope Medical clinic is in the process of obtaining FTCA malpractice coverage provided by the federal government. This coverage would allow our volunteers to be completely immune to legal malpractice claims. Once we obtain the coverage we will be able to offer it to all medical volunteers and even some non-medical volunteers as applicable. Until that time, each volunteer will have to assume their own responsibility under North Carolina Law.

Although the malpractice claims are few to non-existent for free clinics, we want each of our volunteers to be aware of this possibility. Below is the current North Carolina statute in regards to volunteer health professionals and free clinics.

### **§ 90-21.16. Volunteer health care professionals; liability limitation.**

(a) This section applies as follows:

- (1) Any volunteer medical or health care provider at a facility of a local health department or at a nonprofit community health center,
- (2) Any volunteer medical or health care provider rendering services to a patient referred by a local health department as defined in G.S. 130A-2(5) or nonprofit community health center at the provider's place of employment,
- (3) Any volunteer medical or health care provider serving as medical director of an emergency medical services (EMS) agency,
- (4) Any retired physician holding a "Limited Volunteer License" under G.S. 90-12.1A, or
- (5) Any volunteer medical or health care provider licensed or certified in this State who provides services within the scope of the provider's license or certification at a free clinic facility,

who receives no compensation for medical services or other related services rendered at the facility, center, agency, or clinic, or who neither charges nor receives a fee for medical services rendered to the patient referred by a local health department or nonprofit community health center at the provider's place of employment shall not be liable for damages for injuries or death alleged to have occurred by reason of an act or omission in the rendering of the services unless it is established that the injuries or death were caused by gross negligence, wanton conduct, or intentional wrongdoing on the part of the person rendering the services. The free clinic, local health department facility, nonprofit community health center, or agency shall use due care in the selection of volunteer medical or health care providers, and this subsection shall not excuse the free clinic, health department facility, community health center, or agency for the failure of the volunteer medical or health care provider to use ordinary care in the provision of medical services to its patients.

(b) Nothing in this section shall be deemed or construed to relieve any person from liability for damages for injury or death caused by an act or omission on the part of such person while rendering health care services in the normal and ordinary course of his or her business or



profession. Services provided by a medical or health care provider who receives no compensation for his or her services and who voluntarily renders such services at facilities of free clinics, local health departments as defined in G.S. 130A-2, nonprofit community health centers, or as a volunteer medical director of an emergency medical services (EMS) agency, are deemed not to be in the normal and ordinary course of the volunteer medical or health care provider's business or profession.

(c) As used in this section, a "free clinic" is a nonprofit, 501(c)(3) tax-exempt organization organized for the purpose of providing health care services without charge or for a minimum fee to cover administrative costs and that maintains liability insurance covering the acts and omissions of the free clinic and any liability pursuant to subsection (a) of this section.

(d) A nonprofit community health referral service that refers low-income patients to physicians for free services is not liable for the acts or omissions of the physician in rendering service to that patient if the physician maintains professional liability coverage for that service.

(e) As used in this section, a "nonprofit community health referral service" is a nonprofit, 501(c)(3) tax-exempt organization organized to provide for no charge the referral of low-income, uninsured patients to volunteer health care providers who provide health care services without charge to patients. (1991, c. 655, s. 1.; 1993, c. 439, s. 1; 1995, c. 85, s. 1; 2000-5, s. 4; 2001-230, ss. 1(a), 1(b); 2009-435, s. 1.)

**SOURCE:**

[http://www.ncga.state.nc.us/enactedlegislation/statutes/html/bysection/chapter\\_90/gs\\_90-21.16.html](http://www.ncga.state.nc.us/enactedlegislation/statutes/html/bysection/chapter_90/gs_90-21.16.html)