



#8157

Bethesda MAGAZINE
"The Guide to Giving"



Dear Mobile Medical Care Volunteer Applicant,

We are pleased that you are interested in our volunteer program. Mobile Medical Care, Inc. (MobileMed) is a nonprofit organization whose mission is to improve the health of low-income people who face the greatest barriers to care access. We strive to be a primary care medical home – providing high quality, comprehensive healthcare, delivered in a respectful, competent, culturally sensitive and compassionate manner to those in need. To that end, we make every effort to insure consumer-friendly and responsive delivery systems that enhance patient independence and dignity, while minimizing patient stress, inconvenience and paperwork. We have 7 primary care clinics and 2 specialty clinics located throughout Montgomery County, as well as a main office in Bethesda.

In order to begin volunteering with MobileMed, we need you to first complete the General Support Volunteer Form. Completed applications can be mailed, e-mailed, or faxed to me, Jessica Gebhard, at the address listed below. If you fax the application, please attach a cover sheet and send it to my attention. Once we have received your application, we will contact you to complete your intake procedures and get you started on your new volunteer career.

Please feel free to contact me with any questions you may have. We hope that you will join the dedicated, skilled and enthusiastic cadre of volunteers at MobileMed. On behalf of our patients, we thank you for your time and attention.

Jessica Gebhard,

Jessica Gebhard
Development Associate
Mobile Medical Care, Inc
9309 Old Georgetown Rd.
Bethesda MD 20814



MobileMed

Mobile Medical Care, Inc.

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Office Address: _____

Home Phone: _____ Office Phone: _____

Fax: _____ Cell Phone: _____

E-mail: _____ DOB: _____

How you first learn about volunteering with MobileMed?

Why do you want to volunteer with MobileMed?

Additional services you can offer MobileMed (please indicate below)

- | | |
|--|--|
| <input type="checkbox"/> Interpreter (language)
_____ | <input type="checkbox"/> Lawyer |
| <input type="checkbox"/> Office Assistant | <input type="checkbox"/> Fundraising and Development |
| <input type="checkbox"/> Data Management | <input type="checkbox"/> Volunteer Support |
| <input type="checkbox"/> Medical Records | <input type="checkbox"/> Facilities Repair/Handyman |
| <input type="checkbox"/> Accountant | <input type="checkbox"/> Other _____ |

Do you have any special needs that may require additional assistance?

When are you prepared to start?

How long do you plan on volunteering

Period of Projected Availability (Please indicate below)

- | | | |
|------------------------------------|---|-------------------------------------|
| <input type="checkbox"/> Monday | <input type="checkbox"/> Morning (8:30am – 12:30) | <input type="checkbox"/> Weekly |
| <input type="checkbox"/> Tuesday | <input type="checkbox"/> Afternoon (1pm – 5) | <input type="checkbox"/> 1x Monthly |
| <input type="checkbox"/> Wednesday | <input type="checkbox"/> Evening (5pm – 9) | <input type="checkbox"/> 2x Monthly |
| <input type="checkbox"/> Thursday | | |
| <input type="checkbox"/> Friday | | |

Please check all clinics that you are interested in volunteering at

We will try to accommodate your location request but if those locations are not available, other location opportunities will be offered.

- Aspen Hill Clinic** (3820 Aspen Hill Rd, Silver Spring, MD 20906)
- Fairland Clinic** (3300 Briggs Chaney Rd, Silver Spring, MD 20904)
- Germantown/Upcounty Clinic** (19735 Germantown Rd, Suite 300, Germantown MD 20874)
- Ibn Sina Clinic** (7917 Montrose Rd, Potomac, MD 20854)
- Takoma Park/Longbranch Clinic** (8700 Piney Branch Rd, Takoma Park, MD 20901)
- Rockville Clinic** (981 Rollins Ave, Rockville MD, 20852)
- Gaithersburg Clinic** (202 South Summit Ave, Gaithersburg, MD 20877)

Emergency Contact Information

Name: _____ Home Phone: _____
Cell Phone: _____ Address: _____

Name: _____ Home Phone: _____
Cell Phone: _____ Address: _____

Signature _____ Date _____

Please submit a copy of your resume and appropriate certifications

If under the age of 18 a guardian's signature is required

Guardian Name _____

Relationship to applicant _____

Contact number _____

Signature _____ Date _____



Confidentiality Agreement and Photo Release Form

Volunteer Name: _____

Address: _____

Confidentiality Agreement

Recognizing the confidential nature of medical information and the provider patient privilege, which arises from communications between a patient and his/her provider, I hereby agree to maintain the absolute confidentiality of any medical information pertaining to a patient, which I obtain during my volunteerism at Mobile Medical Care, Inc. I hereby acknowledge that I understand that medical information pertaining to a patient may not be revealed without the express written permission of the patient or as otherwise permitted by the law.

Volunteer Signature _____ Date _____

Supervisor _____ Date _____

Photography Release Agreement

I hereby grant to Mobile Medical Care, Inc. the irrevocable and unrestricted right to use and publish photographs of me, or in which I may be included, for publications, electronic reproductions (websites) and/or promotional materials or any other purpose and in any manner or medium. In addition, I grant my permission to alter the same without restriction; and to copyright the same. I hereby release the photographer and Mobile Medical Care, Inc. from all claims and liability relating to said photographs.

Volunteer Signature _____ Date _____



Montgomery County Government Confidentiality Agreement

I understand that in the performance of my duties as a volunteer for Montgomery County Government, I may have access to confidential information. I understand that any violation of the confidentiality of this information may result in my dismissal or possible legal action taken against me.

Volunteer Signature

Date

Volunteer Coordinator Signature

Date

Mobile Medical Care
Department