



# Welcome!

Dear Prospective Volunteer,

Thank you for your interest in volunteering at NUNM. Volunteers play a valuable role in customer service, education and support for NUNM and our mission to educate and train physicians, practitioners and pre-professionals in the art, science and research of natural medicine.

NUNM is a positive place to serve your community and there are a variety of ways to get involved with our health centers. NUNM volunteers share a commitment to superior educational programs, professional personal appearance and quality customer service. Based on interest, skills and volunteer positions available, you may volunteer at any NUNM clinic location.

An interview will be conducted to discuss your volunteer options and the skills you wish to share. If approved, you will receive an orientation and have a meeting/training to discuss duties with the supervisor of the location you will be volunteering at. Your dress attire is expected to align with the employees at the clinic for which you volunteer.

NUNM values the dedication and many hours of service its volunteers give each year. Thank you again for your interest in being part of our committed team of volunteers.

Sincerely,

David Schleich, PhD  
President

*Please return the completed application to the Community Health Centers Assistant Manager:*

Ada Grey Catanzarite | [acatanzarite@nunm.edu](mailto:acatanzarite@nunm.edu) | 503.552.1711 | 049 SW Porter St., Portland, OR, 97201

## THE BASICS

Application Date: \_\_\_\_\_

Full Name & Preferred Pronouns: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Email: \_\_\_\_\_

Position(s) Desired: \_\_\_\_\_

Please tell us how you found out about the NUNM Volunteer Program?

\_\_\_\_\_

Is there anything you'd like us to know about you?

\_\_\_\_\_

## EDUCATION EXPERIENCE AND SPECIAL SKILLS

High School: \_\_\_\_\_  Diploma: \_\_\_\_\_

University: \_\_\_\_\_  Degree(s): \_\_\_\_\_

Graduate: \_\_\_\_\_  Degree(s): \_\_\_\_\_

Post Graduate: \_\_\_\_\_  Degree(s): \_\_\_\_\_

Special Training, Skills and/or Other Certifications:

Do you speak another language?  Yes  No If 'yes', list languages:

\_\_\_\_\_

## REASONS FOR VOLUNTEERING

What skills can you contribute to this position?

\_\_\_\_\_

What experience do you have in this area?

\_\_\_\_\_

Why are you interested in this position?

\_\_\_\_\_

## WORK EXPERIENCE

Please provide a resume or brief history of your professional and volunteer experience.

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## DESIRED OUTCOMES

Please check the outcomes you hope to achieve as a result of volunteering at NUNM.

- |  |  |
|--|--|
| <input type="checkbox"/> Meet new people who share similar interests | <input type="checkbox"/> Get a letter of reference             |
| <input type="checkbox"/> Personal growth through learning            | <input type="checkbox"/> Satisfy credit requirements for class |
| <input type="checkbox"/> Obtain relevant job skills                  | <input type="checkbox"/> Give back to the community            |
| <input type="checkbox"/> Become a part of the NUNM community         | <input type="checkbox"/> Network for employment and business   |

## AVAILABILITY

Please detail your general schedule of available times to volunteer with NUNM.

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## MEDICAL INFORMATION

This information is required for all health center volunteers; the information is kept in confidence with the Human Resources Department and will only be used if you require medical assistance.

In case of an emergency, NUNM personnel should contact the following individual(s):

Name(s): \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Do you have any disabilities that we should be aware of?  Yes  No

Describe:

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Do you want emergency personnel to know about any medications you are taking?  Yes  No

If yes, what are they:

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Do you have allergies?  Yes  No

Please list:

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Do you want emergency personnel to know about any of these allergies?  Yes  No

Please list and describe any instructions that may be required in an emergency:

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Do you have medical conditions that cause you to lose consciousness?  Yes  No

Please List:

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Is there additional information that emergency medical personnel should be aware of?  Yes  No

Please describe:

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I give permission for NUNM to release this information to emergency medical personnel.  Yes  No

Consent to the administration of first aid by NUNM staff in the event of an emergency.  Yes  No

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## CERTIFICATION

*Please read carefully before signing the application.*

- A. NUNM is an equal opportunity employer and will consider applicants for all volunteer positions without regard to sex, age, race, color, religion, marital status, national origin, handicap, veteran status, sexual orientation or any other legally protected status.
- B. The skill sets of the volunteer applicant will be compared to the skill sets needed.
- C. NUNM will not tolerate harassment of any type in the workplace.
- D. I certify that I have answered truthfully and have not knowingly withheld any information relative to my application. I understand that any misrepresentation or material omission on the application will result in my being eliminated from further consideration. I further understand that, if accepted, any misrepresentation or material omission, which becomes known to NUNM, may result in immediate termination of my volunteer services.
- E. I consent to NUNM using information within this application to conduct reference checks and a criminal background check.
- F. I authorize all previous employers and supervisors, including all persons with and for whom I have worked, to give an NUNM representative any relevant information regarding me and my previous employment.
- G. I agree to conform to all existing and future instruction, rules and policies of NUNM. I understand that my position may be terminated at any time, by me or NUNM.
- H. I agree that I offer my services as a volunteer with no expectation of monetary compensation, and that I fully understand that I will be required to attend an orientation and training specific to my volunteer role.
- I. I have read and reviewed the above certification statements and other information on the application, and certify that the above information is true, correct and complete.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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