



# Preston Homes

## Volunteer Application

Circle One (what type):

Externship      Internship      Volunteer      Co-Op

Please print

First Name      Last Name.....

Address      City/State/Zip.....

Telephone      Social Security #.....

Date of Birth      Spouse's Name.....

Personal Information (please circle correct response):

Gender:      Male      Female

Physical Limitations:    No    Yes (Please Explain) .....

Education (highest level completed)

Grades 1-5    6-9    11-12    College    Business    Graduate School Technical/Vocational

Former work/occupation.....

Most recent employer (optional).....

List previous volunteer experience.....

Skills (List your skills and indicate proficiency level)      Skilled    Can Teach    Amateur

1. ....

2. ....

3. ....

Languages      Fluent      Read      Write

1. ....

2. ....

**\*\*Those seeking Internships/Externships for Medical Assistanting/STNA/CNA**

Please mark the following areas you have experience in using the key:

**Proficient-P Needs Improvement-N Satisfactory-S Not Applicable-NA**

|              |                   |
|--------------|-------------------|
| Temperature  | Insurance Billing |
| Pulse        | Attendance        |
| Respirations | Appearance        |

|  |                        |
|--|------------------------|
| Blood Pressure                         | Attributes             |
| Height                                 | Initiative             |
| Weight                                 | Attitude               |
| Medical Terminology                    | Punctuality            |
| Explanations of Benefits (EOB's)       | Oral Communications    |
| Understanding of CPT and ICD-9         | Written Communications |
| CMS-1500                               | Patient Relations      |
| Secondary Billing                      | Telephone Techniques   |
| Phone Triage                           | Charting               |
| Patient Registration                   | Record Patient History |
| Posting Charges to Accounts            | Computer Skills        |
| Electronic Billing                     | Filing                 |
| Record Keeping                         | Appointment Scheduling |
| Bookkeeping Skills                     | Office Relations       |
| Interpretations of Insurance Cards     | OVERALL ASSESSMENT     |
| Communication with Insurance Companies |                        |

**Volunteer availability: (Circle all applicable)**

Number of Days per week: 1 2 3 4 5

Monday      Tuesday      Wednesday      Thursday      Friday      No Preference

**Transportation: (How you will get to your assignment)**

Public Trans.    Walk    Bus/Van Taxi/Car Svc    Car

**In an emergency, notify:**

First Name      Last Name.....

Address      .....

City/State/Zip    Telephone.....

Volunteers hereby agree to serve any client who is assigned regardless of race, sex, creed or national origin.

.....  
(Signature/Volunteer)

.....  
(Date)

.....  
(Signature/Staff)

.....  
(Date)