

Hearts & Minds Patient Advocacy INC

Volunteer Application Form

Mission Statement: We provide support and advocacy for patients and their families as they encounter health obstacles.

Vision Statement: Each patient and/or family member feels adequately supported and heard during their health endeavors improving their healthcare experience.

Section 1: Personal Information

Field	Details
Full Legal Name	<hr/>
Email Address	<hr/>
Phone Number	<hr/>
Mailing Address	<hr/>
Emergency Contact Name	<hr/>
Emergency Contact Phone	<hr/>

Section 2: Availability and Commitment

Please indicate your availability and desired commitment level.

1. **Desired Start Date:**

3. **Are you comfortable assisting clients with sensitive and private tasks, such as those related to financial management, will planning, or end-of-life care?**
- ☐ Yes
 - ☐ No

Section 5: Agreement and Signature

I understand that as a volunteer for Hearts & Minds Patient Advocacy INC, I may be exposed to confidential and protected health information (PHI). I agree to maintain the strict confidentiality of all client information. I understand that a background check may be required for this position.

Field	Signature	Date
Applicant Signature : _____	_____	_____