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

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Field	Details	
Full Legal Name		
Email Address		
Phone Number		
Mailing Address		
Emergency Contact Name		
Emergency Contact Phone		

Section 2: Availability and Commitment

P	lease indicate	vour availability	and desired	commitment I	وبروا
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1.	Desired Start Date:	

2.	2. How many hours per week are you willing to commit? (Minimum 4 hours/week					
	recommended)					
	\$\$ hours/week					
3.	Please check the times/days you are generally available:					
	 Weekday Mornings (9am - 12pm) 					
	 Weekday Afternoons (12pm - 4pm) 					
	 Weekday Evenings (4pm - 7pm) 					
	 Weekends (Anytime) 					
4.	Are you able to provide your own reliable transportation to client appointments or					
	meetings?					
	○ \$\square\$ Yes					
	○ \$\square\$ No					
Secti	on 3: Skills and Experience					
Our cli	ients include the elderly, critically ill, disabled persons, and low-income families,					
	ng dedicated support in care coordination, resource navigation, and emotional support.					
1.	Please check any of the following areas where you have relevant professional or					
	personal experience:					
	 Patient Advocacy / Caregiving 					
	Social Work / Counseling					
	 Healthcare (Nursing, Administration, etc.) 					
	 Resource Navigation (Medicaid, government programs) 					
	 Financial Management / Planning (Relevant to the critically ill) 					
	 Legal or Will Planning Support 					
	 Translation/Interpreting (If yes, please specify language:) 					
	\$\square\$ Administrative/Clerical Tasks					
2.	Describe any previous experience you have working with our target populations:					
	\$\$					
Secti	on 4: Cognitive Listening and Values Alignment					
	ervices require "cognitive listening"—the ability to deeply process and synthesize complex ful information while providing unwavering emotional support.					

1. A patient tells you their doctor explained a new treatment, but they look confused and only remember the negative side effects. What is your primary response? \$\$\text{_______

2. In your view, why is it vital for a patient advocate to focus on the client's emotional state (their "Hearts & Minds") as much as their medical facts? (Please be candid, this helps us assess alignment with our Vision.)

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- 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?
 - \$\square\$ Yes
 - \$\square\$ 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 :		