



Emmanuel Project of Northeast Florida
445 Town Plaza Ave. Ponte Vedra, FL 32081
(904) 479-0279 support@emmanuelproject.org
www.EmmanuelProject.org

Name: _____
(Last) (First)

Mailing: _____
Address City State Zip Code

Birthdate: _____

Email: _____

Cell Number: _____

Current Employer: _____

Employer Contact information : _____

Phone Number: _____

Emergency Contact

Name: _____

Telephone Number: _____

Relationship: _____

How did you hear about Emmanuel Project? _____



Education

List any professional license, registration, or certificate you currently possess
(include certificate/license number):

Current Employer:

Job Title:

Employer Contact information :

Phone Number: _____

Do you have experience in the healthcare field? ____ Yes ____ No
(does not disqualify you from volunteer)

Are you currently a resident/intern, in school or work at a local hospital? ____ Yes
____ No

Where: _____



Check the area(s) in which you would like to volunteer?

___ Physician/ARNP/PA ___ Nurse ___ MA/EMT/CNA ___ Front Desk

___ Med Student ___ Grant Support ___ Fundraising ___ Social Media

___ Volunteer Coordinator ___ Graphic Design ___ Board of Directors ___ CPA

___ Mechanic ___ Disaster Relief ___ Photography/Videographer ___ Translator

___ Behind The Scenes Support (executive director support, greeter, mobile unit driver, etc.)

Other: _____

There are many opportunities and ways to volunteer

___ St. Johns County Community Service Hours ___ High School Community Service Hours

___ FRAME Program Hours

Days Available? _____

Hours available: _____

Are you available on the weekends? ___ Yes ___ No

You can view our scheduled clinics at www.EmmanuelProject.org/appointments



Do you speak Spanish? _____ Any other languages? _____

Have you ever been convicted or plead nolo contendere to a driving or criminal offense?

___ No ___ Yes

(Please note: answering "yes" does **not** disqualify you from volunteering)

If "yes", please explain below. Include types of offenses and dates.

We want to get to know you.

Please tell us three (3) things about yourself.

(interests, fun facts, or your special talents)

1. _____

2. _____

3. _____



Release Form for Media Recording

I, _____, the undersigned, hereby give my consent and agree that **Emmanuel Project of Northeast Florida, Inc.**, its employees, representatives, and authorized agents have the right to photograph, record, or capture video or digital images of me. I authorize the use of such images or recordings in any and all media formats—now or in the future—for the exclusive purpose of promoting or representing the work of Emmanuel Project of Northeast Florida, Inc.

I further consent to the inclusion of my name and identity, as appropriate, in connection with these images or recordings, whether through descriptive text, commentary, or other identifying content.

I hereby release and hold harmless Emmanuel Project of Northeast Florida, Inc., its employees, agents, and affiliates from any and all claims, demands, or liabilities arising out of or in connection with the use of these photographs or recordings, including—without limitation—the right to exhibit or distribute them in print or electronic form, publicly or privately.

I understand that:

- I will receive no financial compensation or other remuneration for the use of these recordings, either now or in the future.
- Emmanuel Project of Northeast Florida, Inc. is not responsible for any expenses or liabilities that may arise from my participation, including medical costs due to illness or injury.

By signing below, I affirm that I am at least 18 years of age, have read and understand this release, and am legally competent to execute this agreement.

Name: _____ **Date:** _____

Address: _____

Phone: _____

Signature: _____

Witness for the those underage:

Signed: _____ **Date:** _____

Printed: _____ **Relation:** _____



Volunteer Confidentiality Policy Agreement

As a volunteer or team member of Emmanuel Project of Northeast Florida, I understand that all services provided to patients are private and confidential. I am committed to protecting the privacy rights of all individuals served by Emmanuel Project.

I acknowledge that confidential information may exist in multiple forms, including but not limited to:

- Electronic records
- Verbal conversations
- Written documents
- Photographic or video images

I understand that all forms of patient information are protected under federal and state privacy laws, including HIPAA, and that unauthorized use or disclosure is strictly prohibited.

If at any time I knowingly or inadvertently breach patient confidentiality, I agree to immediately report the incident to a clinic staff member or supervisor.

By signing this agreement, I confirm that:

- I have read and fully understand this confidentiality policy.
- I agree to comply with these expectations at all times while serving with Emmanuel Project of Northeast Florida.
- I understand the legal and ethical importance of maintaining confidentiality in all aspects of my service.

Name (printed): _____

Signature: _____ Date: _____



Non-Discrimination Policy Statement

Emmanuel Project of Northeast Florida is firmly committed to providing equal access to high-quality healthcare services for all individuals—without regard to race, color, religion, sex, gender identity, sexual orientation, national origin, age, disability, marital status, economic status, or any other characteristic protected by applicable law.

We are dedicated to treating every patient with the dignity, respect, and compassion they deserve. Our mission is rooted in equity, and we strive to create an inclusive, welcoming environment where no one is overlooked or left behind in their journey toward health and wellness.

Discrimination, harassment, or bias of any kind will not be tolerated. Emmanuel Project will take prompt and appropriate action to address any concerns brought to our attention, ensuring all individuals feel safe, valued, and supported.

Name (printed) : _____

Signature: _____ Date: _____



Volunteer Acknowledgment and Agreement

I, _____ certify that the information provided is true and complete. I understand **Emmanuel Project of Northeast Florida** at its sole discretion, reserves the right to refuse any applicant for any or no reason.

As a volunteer with Emmanuel Project of Northeast Florida, my signature below confirms that I have read, understand, and acknowledge the policies, rights, and responsibilities outlined. I agree to uphold these standards and conduct myself with professionalism, compassion, and integrity while serving alongside the Emmanuel Project team.

I understand that failure to follow these guidelines may result in dismissal from volunteer service.

Name (printed): _____

Signature: _____ Date: _____

Please complete, sign and submit the previous pages to:

support@emmanuelproject.org



Mission of Emmanuel Project:

Emmanuel Project of Northeast Florida is a nonprofit mobile medical clinic committed to providing free, high-quality, and compassionate healthcare for uninsured children, adults and families and financially struggling individuals without access to the essential medical services they need. Our mobile unit allows medical services to be taken to rural and medically underserved communities, meeting patients where they are, offering after-hours clinics to accommodate the patient's schedules when clinics are closed. ensuring access, providing care, reducing emergency room visits, overcrowding, lowering inpatient hospital stays and reducing staffing strain.

What We Do & Why We Exist:

Our mission is to bridge the gap in healthcare access by meeting patients where they are—offering compassionate, comprehensive, and preventive medical services that empower individuals to take control of their health and well-being. Our mobile medical unit is committed to reaching and providing free, high-quality healthcare to children, adults, families, unhoused, Veterans, working uninsured, ALICE households—individuals of all ages living in rural and underserved communities where healthcare options are limited or nonexistent.

With the many requirements needed for children to remain on medicaid and the children dropped from government health coverage, families losing employer coverage or individuals lacking access to basic healthcare due to financial constraints, geographic isolation, and systemic barriers. Emmanuel Project aims to ensure that no one is denied medical care due to their inability to pay, or lack of access due to their location. We bring healthcare directly to areas in need, providing vital medical services such as preventive screenings, chronic disease management, acute care, and health education. Our goal is to treat the whole person, addressing the root causes, not only the symptoms. By promoting self-advocacy, long-term wellness and quality of life for generations.

By removing barriers to care, reducing preventable emergency room visits, and fostering trust within the communities we serve, Emmanuel Project is transforming lives and improving health outcomes for the most vulnerable populations.



Clinic Scheduling & Volunteer Communication

As a mobile medical clinic, Emmanuel Project is able to provide free medical care throughout Northeast Florida without the limitations of county lines. We operate clinics monthly, with consistently on (1st Thursday, 1st Friday, 3rd Saturday, etc.) also attending special events such as:

- Community Health Fairs
- Back-to-School Clinics
- Community Outreach Events
- Educational Classes and Workshops

By maintaining a consistent presence and returning to the same communities regularly, we build trust, improve continuity of care, and help patients begin long-term health journeys they otherwise would not be able to access.

You can view our future clinic dates by visiting our website

www.emmanuelproject.org/appointments

under the “**Schedule & Appointments**” tab.

Stay informed about our clinic calendar and upcoming events, we encourage all volunteers to visit our website and follow Emmanuel Project on social media platforms.

Website: www.EmmanuelProject.org

Facebook: www.facebook.com/emmanuelprojectofnortheastflorida

Instagram: www.instagram.com/emmanuelprojectofnortheastfl

Your time and commitment allow us to reach those most in need. Thank you for helping bring health, dignity, and hope to our communities!

Safety

Anything that causes you concern for the safety of yourself or others should be reported to the executive director, medical director and the local police (if permits). If an emergency occurs during a clinic, use any phone to call 911.

Report any personal injury that occurs at the clinic, no matter how minor, to the executive director or medical director immediately.



Compensation

There is no monetary compensation for Emmanuel Project volunteers.

Schedule Changes & Illness Policy

Because our clinics operate entirely through the support of dedicated volunteers, it's important to communicate any schedule changes as early as possible. If you are unable to attend your scheduled shift—whether due to illness, emergency, or a change in availability—please notify the Executive Director as soon as possible.

If you are feeling unwell, please do not attend your shift. Staying home when sick protects not only your health, but also the safety of our patients, staff, and fellow volunteers.

Timely communication helps to ensure adequate clinic coverage or clinic cancellation maintaining the quality of care we provide to the community.

Please maintain your immunizations status.

Please exercise Universal Precautions

Recording of Hours

Documenting your volunteer hours is just as important as being present. While you may not receive a paycheck, your time holds tremendous value and accurate records are essential.

The Florida Department of Health and the Volunteer Health Care Provider Program (VHCPP) require annual reporting of volunteer hours, participating medical professionals, and the number of patients served. This information is vital for maintaining sovereign immunity coverage for our providers and is also necessary for securing grant funding that keeps our services free and accessible.

By logging your hours, you not only help fulfill these important requirements, but also lighten the administrative load on the Executive Director and gain a tangible record of the difference you're making in our community.

Please sign in at the volunteer log located at the front check-in area.



Volunteer Code of Conduct

Emmanuel Project is a volunteer-powered organization dedicated to delivering free, compassionate medical care to uninsured children, adults, families, and individuals facing financial hardship across Northeast Florida.

The care we provide builds trust—because patients feel heard, valued, and respected. Your professionalism, demeanor, and the way you present yourself directly reflect the mission and image of Emmanuel Project.

As a volunteer, you are expected to:

- Treat all patients with dignity, compassion, and respect
- Represent Emmanuel Project with professionalism at all times
- Maintain a positive, team-centered attitude
- Respect fellow volunteers, staff, and leadership
- Adhere to the policies, procedures, and confidentiality guidelines provided

The way we treat one another matters just as much as the care we provide. Creating a welcoming and respectful environment for patients and volunteers alike ensures a meaningful and impactful experience for all.

Be the Change you want to see in the world



Dress Code

At Emmanuel Project, our appearance reflects our commitment to professionalism, respect, and compassion for the patients and communities we serve. All volunteers are expected to dress in a manner that is clean, appropriate, and practical for their role and responsibilities.

Medical Volunteers (Including Providers & Clinical Staff):

Approved attire includes:

- Scrub pants, khaki slacks or golf shorts
- White polo or collared shirt (Emmanuel Project logo shirts provided when available)
- Scrub tops or Emmanuel Project t-shirts
- Closed-toe shoes (tennis shoes are highly recommended)

For safety and identification, medical team members should be easily recognizable, especially if a medical emergency occurs. Consistent attire helps patients and staff identify clinical personnel quickly and confidently.

General Volunteers:

Volunteers serving in non-medical roles may dress casually, but should maintain a neat, respectful, and appropriate appearance. Approved attire includes:

- Jeans (without rips or holes), casual shorts, or slacks
- Emmanuel Project t-shirts, modest tops, or collared shirts
- Closed-toe or open-toe shoes (open-toe shoes are discouraged for those assisting near medical equipment or in clinical areas)

The following are **not** permitted for any volunteer:

- Torn or ripped jeans
- Sweatpants or loungewear
- Short shorts or skirts
- Inappropriate or revealing clothing
- T-shirts with political, offensive, or inappropriate language or imagery

Please remember you are the first face seen. Your demeanor and attire speaks volumes about our shared mission. Dressing professionally and modestly helps us maintain the trust and dignity of those we serve.



Volunteer Rights & Responsibilities

At Emmanuel Project, volunteers are the heartbeat of our mission. Your time, compassion, and commitment are critical to the care we provide across Northeast Florida. To ensure a positive and impactful experience, we've outlined the rights and responsibilities that support mutual respect, safety, and purpose.

As a Volunteer, You Have the Right To:

1. Be treated with respect, kindness, and appreciation.
 2. Work in a safe, clean, and supportive environment.
 3. Receive proper orientation and training.
 4. Ask questions and offer feedback.
 5. Expect confidentiality of personal information.
 6. Be informed of all policies, expectations, and updates.
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As a Volunteer, You Are Expected To:

1. Represent Emmanuel Project with professionalism and integrity.
 2. Respect patient confidentiality and follow HIPAA guidelines.
 3. Follow all clinic policies and procedures.
 4. Be reliable, punctual, and communicate scheduling conflicts.
 5. Accurately record your volunteer hours.
 6. Collaborate with staff and fellow volunteers respectfully.
 7. Ask for help or clarification when needed.
 8. Maintain a positive, compassionate attitude.
 9. Treat everyone with dignity and inclusiveness.
 10. Uphold our mission by serving with empathy and purpose.
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Thank you for choosing to make a difference and volunteer your time with us!