



**OFFICE OF RISK MANAGEMENT**  
**Notification of Volunteer Services Request Form**

**INSTRUCTIONS:** If you are considering or requested to provide volunteer or independent contractor professional services, you must complete this form and submit to Vidant Health's Risk Management to evaluate whether professional liability coverage will be provided for the services.

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

Full name: \_\_\_\_\_ Department: N/A

Preferred phone number: \_\_\_\_\_

Preferred email address: \_\_\_\_\_

Please select if you are an independent contractor/hourly-rate worker or volunteer/unpaid worker.  
(Note: independent contractors will have additional forms to complete prior to starting their shifts.)

Independent contractor (hourly-rate worker)       Volunteer (unpaid worker)

Birth Month \_\_\_\_\_ Day of Birth \_\_\_\_\_ Are you 18 years or older in age?  Yes  No

Do you have any clinical credentials or medical training (RN, LPN, MD, PharmD, etc.)? \_\_\_\_\_

Organization Requesting Volunteer Services: Vidant Health

Date of Volunteer Services: From January 2021 to June 2021

Location of Volunteer Services to Be Provided: Vaccine Clinic

Scope of Volunteer Services: Assisting with vaccine clinic

Executive Approval: \_\_\_\_\_

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

Comments: \_\_\_\_\_

**FOR RISK MANAGEMENT ONLY:**

Volunteer Services Covered: \_\_\_\_\_ Approved by: \_\_\_\_\_

Special Endorsement: \_\_\_\_\_

Volunteer Services Not Approved: \_\_\_\_\_

Date Requestor Notified: \_\_\_\_\_