



NORTHWEST HOSPITAL
& MEDICAL CENTER

VOLUNTEER APPLICATION

PLEASE PRINT

<i>office use only</i>	
Ultipro Number	_____
Badge Number	_____
WSP	_____
Orientation date	_____
OSHA	_____
Dept:	_____

Name _____ Phone (____) _____ Date _____
(Last) (First)

Address _____ City _____ Zip _____

Email _____ Date of Birth _____ Gender _____

Name of school, if applicable _____

Course of study, if applicable _____

Educational background _____

Place of employment _____ Work Phone (____) _____

Previous work experience _____

Special skills (e.g. computer), interests or hobbies _____

Volunteer experience _____

Why are you interested in volunteering? _____

How did you learn about our program? _____

Areas of interest/service preferred _____

Day(s) preferred _____ Hours preferred _____

Things you would rather not do _____

Health conditions that should be considered _____

Person to notify in case of an emergency:

Name _____ Relationship _____ Phone (____) _____

Will you be parking on campus? Yes _____ No _____

Volunteers are required to be current on their immunizations and to have Tuberculosis skin tests according to hospital policy. Have you had the following:

	Disease	Immunization
Mumps	_____	_____
Measles (hard)	_____	_____
Rubella (German measles)	_____	_____
Tetanus	_____	_____
Chicken Pox	_____	_____
Hepatitis B	_____	_____
Annual Flu Shot (optional)	_____	_____

Date of your most recent TB test _____ Results _____

Have you, within the last seven (7) years, been convicted of an offense involving drugs, theft, or inflicting bodily injury? no _____ yes _____

If yes, please explain _____

The Child/Adult Abuse Information Act, Chapter 486, Washington Laws, became effective July 1987. This law requires us to obtain from the Washington State Patrol a report of your record of criminal convictions for offenses against persons, civil adjudication of child abuse, and disciplinary board final decisions. Volunteer status is conditioned upon the receipt of a satisfactory report from the Washington State Patrol. Such report should be available from the Washington State Patrol in approximately 14 days. All responses are confidential.

Believing that Northwest Hospital has need of my services as a volunteer worker, I agree to hold as absolutely confidential all information which I may obtain directly or indirectly concerning patients, doctors or personnel and I will not seek confidential information regarding a patient.

My services are donated to Northwest Hospital without contemplation of compensation or future employment and given with humanitarian or charitable reasons.

I hereby certify that the above is true and complete to the best of my knowledge.

Signature _____ **Date** _____
