Volunteer Application Documents

Junior Volunteers need the following:

- Fully Completed Application Packet – Parent signature required
  - Confidentiality Agreement – Parent signature required
  - Criminal Background Questionnaire
  - Volunteer Health Requirements –
    - Parent Signature Required (a blood draw will be scheduled by Volunteer Services at Employee Health)
    - Immunization records from doctor’s office or obtained from school
- 2 letters of recommendation from non-family members (usually from teachers or counselors)
- Transcripts with cumulative GPA listed (All GPA’s will be considered)

New Volunteer Orientation is held roughly every two weeks at 4pm.

Questions? Contact Volunteer Services at 360-514-2035.
This page is left blank intentionally.
Thank you for your interest in volunteering at PeaceHealth Southwest Medical Center! We are seeking volunteers who will carry out our mission with cooperation and enthusiasm. Your contribution as a volunteer can be significant in providing the quality care for which we are noted.

Please complete these forms and return in the business reply envelope. You must also include:

- A copy of your transcript or latest semester report card and the attached Counselor GPA Verification form (Mid-semester progress reports will not be considered).
- Two signed and dated letters of recommendation (not written by relatives). Teachers, counselors and coaches are some good examples.

In addition to the application and forms provided, PeaceHealth requires vaccination records for all caregivers and volunteers. Please obtain your vaccination record from your doctor of clinic that documents your history of Tdap, MMR, Varicella (Chicken Pox), and/or a current season flu shot, and submit with your application. Employee Health will evaluate your records and determine the next steps. A blood draw will be provided to screen for Tuberculosis at Employee Health. Please call 360-514-2035 if you have any questions!

**PERSONAL INFORMATION**

Name: ____________________________________________  (Last)  (First)  (M.I.)

Street Address: ________________________________________________________________

City, State, Zip Code: __________________________________________________________

Home Phone: ( ) ___________________________  □ Ok to contact?

Cell Phone: ( ) ___________________________  □ Ok to contact?

Birthdate: ___________________ E-mail: __________________________________________

Where did you hear about our program? __________________________________________

Do you have a family member employed at PeaceHealth? ____________________________

**EMPLOYMENT / EDUCATION / TRAINING**

Have you ever volunteered or been employed with any PeaceHealth organization or any other contracted agency affiliated with PeaceHealth? ____________________________________________

Name of School: ___________________________  Year Graduating: ______________________

Do you/will you participate in any school sports? ______________________________________

Previous volunteer experience with any other organizations? □ Yes  □ No  If yes, where? ______

**EMERGENCY CONTACT**  ___________________________PHONE_________
Volunteer Shift Availability

Days and times available (circle)

**First Choice**

<table>
<thead>
<tr>
<th>Mon</th>
<th>Tues</th>
<th>Wed</th>
<th>Thurs</th>
<th>Fri</th>
<th>Saturday</th>
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<tbody>
<tr>
<td>Morning 8-12</td>
<td>Afternoon 12-4</td>
<td>Evening 4-8</td>
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**Second Choice**

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<td>Evening 4-8</td>
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**Third Choice**

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<tbody>
<tr>
<td>Morning 8-12</td>
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<td>Evening 4-8</td>
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</tr>
</tbody>
</table>

Areas of interests within the hospital: ______________________________________________________
_____________________________________________________________________________________

Current scheduling obligations: ___________________________________________________________
_____________________________________________________________________________________

Health Considerations

Are there any known health/medical concerns, allergies, physical limitations, or medications you are taking that you wish to disclose? *(Any information you disclose will be kept strictly confidential.)*
_____________________________________________________________________________________
_____________________________________________________________________________________

Additional Questions

1. Why do you want to volunteer at PeaceHealth SW Medical Center? (personal / educational goals, motivation, what you hope to learn/gain, etc.)

2. What other hobbies, talents, or interests do you have?

3. List three things you would like us to know about you.
CONFIDENTIALITY AND COMMITMENT

I hereby agree to abide by the volunteer policies and hospital rules and regulations, and to uphold patient confidentiality as I fulfill my role as volunteer. I understand and confirm my willingness and availability to meet the 50 hour requirement for my volunteer service. I certify that the above information is true, correct, and accurate.

APPLICANT SIGNATURE

Printed Name: ________________________________ Date __________

Signature: ____________________________________________

Date: ________________________________________________

Parent/Legal Guardian Signature

Relationship to Applicant: ______________________________ Date __________

Printed Name: ________________________________

Signature: ____________________________________________

DON’T FORGET!
Please enclose a copy of your latest semester report card with the Counselor GPA verification and two letters of recommendation. Please note that we are unable to process incomplete applications.

Return completed application forms in the business reply envelope or mail to the following address:

Volunteer Services
PeaceHealth Southwest Medical Center
PO Box 1600
Vancouver WA 98668

Next Steps: We will contact you for an interview and run a background check. When volunteer criteria has been met, we will schedule you for Volunteer Orientation and Employee Health screening. Please bring your photo ID to your appointments for Employee Health and when your badge is issued. If you have any questions please call the Volunteer Services Office at 360-514-2035.
This page is left blank intentionally.
Confidentiality Agreement

During the course of my work/services with PeaceHealth, its affiliated entities, or entities that have been granted access to PeaceHealth confidential information (known hereafter as "my Employer"), I may develop, use, maintain, or have incidental contact with or access to information related to patients, caregivers/employees, providers, financial data, and/or any other information pertaining to PeaceHealth’s business or operations, including trade secrets, that is confidential ("Confidential PeaceHealth Information").

I understand and agree that:

- Confidential PeaceHealth Information in any form (including paper records, oral communication, e-mail, audio recordings, and electronic displays) is the property of PeaceHealth and is to be considered strictly confidential unless specified otherwise.
- The obligations set forth in this agreement as well as applicable policies continue beyond the end of my relationship with my Employer.
- This agreement is valid for all individuals with access to Confidential PeaceHealth Information, regardless of employment status.
- When my relationship with my Employer is terminated, I will not retain or transfer any Confidential PeaceHealth Information in any form unless provided permission to do so by PeaceHealth’s Vice President for Organizational Integrity.
- Subject to PeaceHealth’s Policy for Reporting and Investigating Concerns or Suspected Violations (Document #101.38.36), and depending on my position and the policies and procedures of my Employer, violation of this Agreement, PeaceHealth policies, policy compliance rules, and procedures regarding the confidentiality, privacy, and security of Confidential PeaceHealth Information may constitute grounds for corrective action, up to and including:
  - Termination of employment,
  - Loss of medical staff privileges,
  - Termination of access to PeaceHealth information systems,
  - Termination of the contract or other terms of affiliation, and
  - Civil and/or criminal liabilities and penalties.
- I will access only the Confidential PeaceHealth Information needed to perform my work-related responsibilities.
- I may NOT access personal health information related to myself.
- I may NOT access personal health information related to my family members.
- I am not authorized to access or review the personal health information of my family members except for legitimate work-related purposes.
- Authorization, consent, or permission from the patient, written or otherwise, does not permit me to access electronic health information for non-work reasons except through means established for that purpose, such as “My PeaceHealth.”
- I will electronically review only the type of information permitted through my established user account. I will not make use of another person’s user account.
I understand that violations of PeaceHealth’s policies and procedures include, but are not limited to:

- Accessing, using, or disclosing Confidential PeaceHealth Information that is not within the scope of my authority, job, or responsibilities to PeaceHealth, or otherwise not permitted by written policy.
- Leaving Confidential PeaceHealth Information in any form in an unsecured place or environment.
- Failure to properly secure a computer workstation when leaving the immediate vicinity.
- Disclosing my computer system user ID and password combination to another person for any reason or using another person’s computer system user ID and password combination.
- Using my personal device (cell phone, iPad, etc.) to record, store, share, or exchange protected health information.
- Discussing Confidential PeaceHealth Information in a public place or with persons not authorized to receive such information.

I understand and agree that I am solely responsible for knowing, understanding, adhering to and complying with the terms of the above agreement as well as PeaceHealth policies, policy compliance rules, and procedures regarding the confidentiality, privacy, and security of Confidential PeaceHealth Information, and the Notice of Privacy Practices adopted by PeaceHealth.

First Name MI Last Name (please print) ________________________ Social Security Number ________________________

Affiliation with PeaceHealth:

- [ ] Employee
- [ ] Medical Staff Member
- [ ] Intern or Student
- [ ] Vendor or Contractor
- [ ] Clinic/Physician Office Name: ________________________
- [ ] Other: ________________________
- [ ] Volunteer or Board Member

Signature ________________________ Date ________________________

Signature of Legally Responsible Person ________________________ Date ________________________

(Required if above individual is under age 18)

Relationship of Legally Responsible Person to above individual ________________________

Effective: January 2017
CONVICTION/CRIMINAL HISTORY INFORMATION

When considering individuals for employment, both paid and volunteer, conviction/criminal history records are reviewed as they relate to the content and nature of the work and the safety and security of the employees, patients, the public and PeaceHealth property. Additionally, the Washington State Child and Adult Abuse Information Law (RCW43.43.830 - 842) requires that employers ask applicants to disclose specific information about any convictions for crimes against persons and crimes relating to financial exploitation and findings in related actions and proceedings. This conviction information must be disclosed before an applicant can be considered for employment in any position which may involve unsupervised access to children, developmentally disabled persons or vulnerable adults as defined by law. A conviction/criminal history record does not necessarily disqualify an individual for employment. Criminal history records may be verified through the Washington State Patrol or other law enforcement related agencies; initial and/or continued employment may be subject to a satisfactory Criminal Conviction Report.

Print Applicant Name (Last) (First) (MI) Date of Birth (month/day/year)

Have you ever been convicted, either as a juvenile or an adult, of any of the following crimes against children or other persons, or crimes relating to drugs?

- Yes  No

<table>
<thead>
<tr>
<th>Crime</th>
<th>Degree</th>
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<tbody>
<tr>
<td>Arson (1st degree)</td>
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<tr>
<td>Assault, Custodial</td>
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<tr>
<td>Assault, Simple (or 4th Degree Assault)</td>
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<tr>
<td>Assault (1st/2nd/3rd degree)</td>
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<tr>
<td>Assault of a child</td>
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<tr>
<td>Burglary (1st Degree)</td>
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<tr>
<td>Child Abandonment</td>
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<tr>
<td>Child Abuse of Neglect (RCW 26.44.020)</td>
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<tr>
<td>Child Buying or Selling</td>
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<tr>
<td>Child Molestation (1st, 2nd, 3rd Degree)</td>
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<tr>
<td>Communication with a Minor</td>
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<tr>
<td>Criminal Abandonment</td>
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<tr>
<td>Criminal Mistreatment (1st/2nd Degree)</td>
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<tr>
<td>Custodial Interference (1st/2nd Degree)</td>
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<tr>
<td>Extortion (1st/2nd/3rd Degree)</td>
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<tr>
<td>Forgery</td>
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<td>Incest</td>
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<tr>
<td>Indecent Exposure - Felony</td>
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<td>Indecent Libelies</td>
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<tr>
<td>Kidnapping (1st/2nd Degree)</td>
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<tr>
<td>Malicious Harassment</td>
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<tr>
<td>Manslaughter (1st/2nd Degree)</td>
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<tr>
<td>Murder, Aggravated</td>
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<tr>
<td>Murder, (1st/2nd Degree)</td>
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<tr>
<td>Patronizing a Juvenile Prostitute</td>
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<tr>
<td>Promoting Pornography</td>
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<tr>
<td>Promoting Prostitution (1st degree)</td>
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<tr>
<td>Prostitution</td>
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<tr>
<td>Robbery (1st/2nd Degree)</td>
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<tr>
<td>Rape (1st/2nd/3rd Degree)</td>
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<tr>
<td>Rape of a Child (1st/2nd/3rd Degree)</td>
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<tr>
<td>Selling/Distributing Erotic Material to a Minor</td>
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<tr>
<td>Sexual Exploitation of a Minor</td>
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<tr>
<td>Sexual Misconduct with a Minor</td>
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<tr>
<td>Theft (1st/2nd/3rd Degree)</td>
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<tr>
<td>Unlawful Imprisonment</td>
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<td>Vehicular Homicide</td>
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<tr>
<td>Violation of Child Abuse Restraining Order</td>
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</tbody>
</table>

2. DRUG-RELATED CRIMES

Have you ever been convicted of a crime related to the manufacture of, delivery of, or possession with intent to manufacture or deliver a controlled substance?

- Yes  No

3. RELATED PROCEEDINGS

Have you ever been found in a dependency action, domestic relations proceeding, disciplinary board hearing or protection proceeding to have: sexually assaulted or exploited, sexually or physically abused a minor or developmentally disabled person OR to have financially exploited or abused a vulnerable adult?

- Yes  No

4. MEDICARE-MEDICAID/HEALTHCARE RELATED CRIMES

Have you ever been convicted of any crime related to the delivery of service under Medicare/Medicaid or any state or federal healthcare program, or convicted of any crime connected with the delivery of a healthcare item or service?

- Yes  No

Have you ever been judged liable for civil monetary penalties for conduct related to the delivery of services, supplies or other participation in Medicare/Medicaid or any other state or federal healthcare program?

- Yes  No

Have you ever been excluded from providing services or supplies under Medicare, Medicaid or any other federal funded healthcare program?

- Yes  No

5. For all items checked yes in 1, 2, 3 and 4 above, specify the conviction or actions date(s), sentence(s) or penalty(ies), imposed, prison release dates(s) and current standing (e.g., parole, work release). For all items with an asterisk (*) above, provide a description of the victim including the victim’s age. Attach additional page(s) if needed.

6. GENERAL CONVICTION INFORMATION:

Aside from those crimes listed above, within the past 10 years have you ever been charged, convicted of, or released from prison for any crimes, excluding parking tickets/traffic citations?

- Yes  No If, Yes, indicate all conviction dates, prison release date(s) and the nature of the offense(s).

You will not be considered for employment if you do not complete and sign this form.

I certify that the information contained in my resume, other application-related materials, and the above-stated information is true, correct, and complete to the best of my knowledge. I understand that consideration for employment and the continuation of subsequent employment depend on true, accurate and complete representation of these facts as stated or implied in all application-related materials. I authorize PeaceHealth to make inquiries regarding my education, work experience, references, unless otherwise stated, any criminal conviction history. I understand that any job offer or subsequent employment may be conditioned on the receipt of a satisfactory Criminal Conviction Report form the Washington State Patrol or other law-enforcement related agencies.

Signature ___________________________ Date ____________

(N:) /Workgrps/HUM_RES/Recruit/Forms 7/8/13
A SUMMARY OF YOUR RIGHTS
UNDER THE FAIR CREDIT REPORTING ACT

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. For more information, including information about additional rights, go to www.ftc.gov/credit or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, DC 20580.

You must be told if information in your file has been used against you. Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.

You have the right to know what is in your file. You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:

- a person has taken adverse action against you because of information in your credit report;
- you are the victim of identity theft and place a fraud alert in your file;
- your file contains inaccurate information as a result of fraud;
- you are on public assistance;
- you are unemployed but expect to apply for employment within 60 days.

In addition, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.ftc.gov/credit for additional information.

You have the right to ask for a credit score. Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.

You have the right to dispute incomplete or inaccurate information. If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.ftc.gov/credit for an explanation of dispute procedures.

Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information. Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer agency may continue to report information it has verified as accurate.

Consumer reporting agencies may not report outdated negative information. In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.

Access to your file is limited. A consumer reporting agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer, landlord, or other
You must give your consent for reports to be provided to employers. A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to [www.ftc.gov/credit](http://www.ftc.gov/credit).

You may limit “prescreened” offers of credit and insurance you get based on information in your credit report. Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-567-8688.

You may seek damages from violators. If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.

Identity theft victims and active duty military personnel have additional rights. For more information, visit [www.ftc.gov/credit](http://www.ftc.gov/credit).

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. Federal enforcers are:

<table>
<thead>
<tr>
<th>TYPE OF BUSINESS</th>
<th>PLEASE CONTACT</th>
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<tbody>
<tr>
<td>Consumer reporting agencies, creditors and others not listed below</td>
<td>Federal Trade Commission: Consumer Response Center – FCRA</td>
</tr>
<tr>
<td></td>
<td>Washington, DC 20580 1-877-382-4357</td>
</tr>
<tr>
<td>National banks, federal branches/agencies of foreign banks (word “National” or initials “N.A.” appear in or after bank’s name)</td>
<td>Office of the Comptroller of the Currency</td>
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<td></td>
<td>Compliance Management, Mail Stop 6-6</td>
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<tr>
<td></td>
<td>Washington, DC 20219 800-613-6743</td>
</tr>
<tr>
<td>Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)</td>
<td>Federal Reserve Board</td>
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<tr>
<td></td>
<td>Division of Consumer &amp; Community Affairs</td>
</tr>
<tr>
<td></td>
<td>Washington, DC 20551 202-452-3693</td>
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<tr>
<td>Savings associations and federally chartered savings banks (word “Federal” or initials “F.S.B.” appear in federal institution’s name)</td>
<td>Office of Thrift Supervision</td>
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<td>Consumer Complaints</td>
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<td>Washington, DC 20552 800-842-6929</td>
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<tr>
<td>Federal credit unions (words “Federal Credit Union” appear in institution’s name)</td>
<td>National Credit Union Administration</td>
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<tr>
<td></td>
<td>1775 Duke Street</td>
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<tr>
<td></td>
<td>Alexandria, VA 22314 703-519-4600</td>
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<tr>
<td>State-chartered banks that are not members of the Federal Reserve System</td>
<td>Federal Deposit Insurance Corporation</td>
</tr>
<tr>
<td></td>
<td>Consumer Response Center</td>
</tr>
<tr>
<td></td>
<td>2345 Grand Avenue, Suite 100</td>
</tr>
<tr>
<td></td>
<td>Kansas City, MO 64108-2638</td>
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<td></td>
<td>1-877-275-3342</td>
</tr>
<tr>
<td>Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission</td>
<td>Department of Transportation, Office of Financial Management</td>
</tr>
<tr>
<td></td>
<td>Washington, DC 20590 202-366-1306</td>
</tr>
<tr>
<td>Activities subject to the Packers and Stockyards Act, 1921</td>
<td>Department of Agriculture</td>
</tr>
<tr>
<td></td>
<td>Office of Deputy Administrator- GIPSA</td>
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<tr>
<td></td>
<td>Washington, DC 20250 202-720-7051</td>
</tr>
</tbody>
</table>

By this Authorization for Release of Information and for the Procurement of a Consumer or Investigative Consumer Report, I hereby forever release, discharge, exonerate, hold harmless and indemnify PeaceHealth, its employees, representatives, agents, and subcontractors, and any other person, entity, organization or institution furnishing information to them from any and all liabilities of every nature and kind, including but not limited to claims for libel, slander, invasion of privacy, related tort claims, misuse of information obtained from Washington State Patrol or other law enforcement related agencies, and any other claim or cause of action arising out of the furnishing, inspection or copying of any documents, files, records, and other information, or the investigation made by or on behalf of PEACEHEALTH, unless such release is determined to violate the public policy of the state or federal district in which this contract is executed, and in that event this release will be permitted to the maximum extent allowed by the governing law.
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Volunteer Health Requirements
Proof of Immunity Status

PeaceHealth Southwest Medical Center requires all volunteers to have proof of immunity to the following:

- **MMR (measles, mumps, & rubella):** MMR vaccine is given to those identified as non-immune to measles, mumps and rubella.

- **Varicella (chicken pocks):** Varicella vaccine is given to those that have been identified as non-immune to chickenpox.

- **Tdap (tetanus, diphtheria & pertussis whooping cough):** Tdap vaccine is available for those who aren't current.

- **Tuberculosis testing:** T-spot blood draw and monitoring for positive tests required.

- **Annual flu vaccination**

**Acceptable Documentation:** Proof of immunizations from your healthcare provider. Junior Volunteers may also request this documentation from their school.

*If unable to provide your healthcare documentation, please seek a recommendation from the PHSW Volunteer Department and Employee Health at 360.514.3254*

**Volunteers may refuse the flu vaccination yearly. Please refer to Employee Health for masking and education requirements during active flu season.**
Volunteer Health Requirements
Proof of Immunity Status

Junior Volunteers Only
(Two Consent Signatures Required)

Prior to presenting to Employee Health with your immunization records, Junior Volunteers are required to have consent from a parent / guardian if a blood draw is required to determine immunity and / or if immunizations are administered by PeaceHealth Southwest Medical Center’s Employee Health including a yearly flu vaccination.

I hereby give my consent for

______________________________________________
(Printed Name of Parent of Minor)

to receive the necessary blood draws required to prove immunity and / or receive immunizations from PHSW Employee Health.

_________________________________________
(Printed Name of Parent of Legal Guardian)                    (Date)

_________________________________________
(Signature of Parent of Legal Guardian)                           (Date)

TUBERCULOSIS TESTING

I hereby give my consent for

______________________________________________
(Printed Name of Parent of Minor)

to receive TSPOT blood draw as part of the evaluation process to participate in the Junior Volunteer Program at PeaceHealth Southwest Medical Center.

_________________________________________
(Printed Name of Parent of Legal Guardian)                    (Date)

_________________________________________
(Signature of Parent of Legal Guardian)                           (Date)

Updated 4.25.16