



PeaceHealth
Southwest
Medical Center

Volunteer Application Documents

Junior Volunteers need the following:

- Fully Completed Application Packet – Parent signature required
 - Confidentiality Agreement – Parent signature required
 - Criminal Background Questionnaire
 - Criminal Background Screening (Social Security Number is required)
 - 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)

Questions? Contact Volunteer Services at 360-514-2035.

**Applications MUST be completed in ink.
Applications completed in pencil will be returned.**

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HOSPITAL JUNIOR VOLUNTEER PROGRAM APPLICATION

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.**
- **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 360-514-3025 if you have any questions!

PERSONAL INFORMATION

Name: _____
(Last) (First) (M.I.) (Today's Date)

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? _____

NAME of EMERGENCY CONTACT & RELATIONSHIP _____ PHONE _____



VOLUNTEER SHIFT AVAILABILITY

Days and times available (circle)

First Choice

Mon	Tues	Wed	Thurs	Fri	Saturday	Sunday
Morning (8-12)		Afternoon (12-4)		Evening (4-8)		

Second Choice

Mon	Tues	Wed	Thurs	Fri	Saturday	Sunday
Morning (8-12)		Afternoon (12-4)		Evening (4-8)		

Third Choice

Mon	Tues	Wed	Thurs	Fri	Saturday	Sunday
Morning (8-12)		Afternoon (12-4)		Evening (4-8)		

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, two letters of recommendation and immunization records. Incomplete applications take longer to process.

Return completed application forms to the Volunteer Office or mail to the following address:

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

Next Steps: We will contact you with the date of the next orientation. If you have any questions please call the Volunteer Services Office at 360-514-2035.

We look forward to meeting you!!

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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

Clinic/Physician Office

Name: _____

Volunteer or
Board Member

Intern or
Student

Vendor or
Contractor

Other _____

Signature

Date

Signature of Legally Responsible Person
(Required if above individual is under age 18)

Date

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, students, 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)	(M.I.)	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? <input type="checkbox"/> Yes <input type="checkbox"/> No			Social Security Number (xxx-xx-xxxx)

1. CRIMES AGAINST PERSONS AND CRIMES RELATING TO FINANCIAL EXPLOITATION
 Have you ever been convicted of any of the crimes listed below?
 Yes No

<input type="checkbox"/> Arson (1 st degree) <input type="checkbox"/> Assault, Custodial <input type="checkbox"/> Assault, Simple (or 4 th Degree Assault) <input type="checkbox"/> Assault (1 st /2 nd /3 rd degree) <input type="checkbox"/> Assault of a child <input type="checkbox"/> Burglary (1 st Degree) <input type="checkbox"/> Child Abandonment <input type="checkbox"/> Child Abuse of Neglect (RCW 26.44.020) <input type="checkbox"/> Child Buying or Selling <input type="checkbox"/> Child Molestation (1 st , 2 nd , 3 rd Degree) <input type="checkbox"/> Communication with a Minor <input type="checkbox"/> Criminal Abandonment <input type="checkbox"/> Criminal Mistreatment (1 st /2 nd Degree)	<input type="checkbox"/> Custodial Interference (1 st /2 nd Degree) <input type="checkbox"/> Extortion (1 st /2 nd /3 rd *Degree) <input type="checkbox"/> Forgery <input type="checkbox"/> Incest <input type="checkbox"/> Indecent Exposure - Felony <input type="checkbox"/> Indecent Liberties <input type="checkbox"/> Kidnapping (1 st /2 nd Degree) <input type="checkbox"/> Malicious Harassment <input type="checkbox"/> Manslaughter (1 st /2 nd Degree) <input type="checkbox"/> Murder, Aggravated <input type="checkbox"/> Murder, (1 st /2 nd Degree) <input type="checkbox"/> Patronizing a Juvenile Prostitute <input type="checkbox"/> Promoting Pornography	<input type="checkbox"/> Promoting Prostitution (1 st degree) <input type="checkbox"/> Prostitution <input type="checkbox"/> Robbery (1 st /2 nd Degree) <input type="checkbox"/> Rape (1 st /2 nd /3 rd Degree) <input type="checkbox"/> Rape of a Child (1 st /2 nd /3 rd Degree) <input type="checkbox"/> Selling/Distributing Erotic Material to a Minor <input type="checkbox"/> Sexual Exploitation of a Minor <input type="checkbox"/> Sexual Misconduct with a Minor <input type="checkbox"/> Theft (1 st /2 nd /3 rd Degree) <input type="checkbox"/> Unlawful Imprisonment <input type="checkbox"/> Vehicular Homicide <input type="checkbox"/> Violation of Child Abuse Restraining Order
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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 even 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 from the Washington State Patrol or other law-enforcement related agencies.

Signature _____ Date _____

Para informacion en español, visite www.ftc.gov/credit o escribe a la FTC Consumer Response Center, Room 130-A 600 Pennsylvania Ave., N.W., Washington, DC 20580

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

business. The FCRA specifies those with a valid need for access.

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.

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.

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:

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

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: Junior Volunteers Only**

All volunteers must be immune to certain infections before they begin volunteering. Sometimes, the volunteer’s blood must be drawn to see if they are immune. As a Junior Volunteer, your parents must consent for us to draw your blood to check your immunity. If you are not immune to the infections, you will need an immunization or vaccine shot given by your primary care clinic. The Employee Health Department does not provide immunizations.

(Please note: Please bring this signed form to Employee Health or submit with your application.)

(Printed Name of Junior Volunteer)

By signing below, I consent to PeaceHealth staff drawing a sample of my child’s blood to test my child for Tuberculosis (TSPOT).

(Printed Name of Parent or Legal Guardian)

Relationship to Junior Volunteer

(Signature of Parent or Legal Guardian) (Date)

ACKNOWLEDGEMENT OF INFECTION RISK

I understand that if I decline to have my child vaccinated and my child is not immune to certain infections, there is a risk my child may become infected while participating in the Junior Volunteer Program.

(Printed Name of Parent or Legal Guardian)

Relationship to Junior Volunteer

(Signature of Parent or Legal Guardian) (Date)



PeaceHealth
Southwest Medical Center

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)
- Varicella (chicken pox)
- Tdap (tetanus, diphtheria & pertussis or *whooping cough*)
- Tuberculosis testing: T-spot blood draw and monitoring for positive tests required (procedure performed at Employee Health during volunteer onboarding process – no cost to the volunteer).
- Annual flu vaccination – Employee Health provides for your convenience **

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 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. Junior Volunteers under 18 must have a parent present to sign consent to receive the flu vaccination.



**CONSUMER DISCLOSURE
AND AUTHORIZATION FORM**

To Be Completed by Applicant

Last Name		First		Middle	
Social Security No. (required)		Date of Birth		Driver's License	
Physical Address (P.O. Boxes not accepted)					
City/State/Zip					
Prior Addresses			From	To	
Email Address			Phone		
Applicant's Signature			Date		

All this information is required to complete the background check.

This information will be used only for background screening purposes and will not be taken into consideration in any employment decisions.

Para información en español, visite www.consumerfinance.gov/learnmore o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington DC 20552.

**In an effort to save printing costs for potential volunteers, a complete list of disclosures is available to print or review online.
These documents are also available at the Volunteer Services office at PeaceHealth Southwest Medical Center.**