SWEDISH

Edmonds

Dear Prospective Volunteer:

Our volunteers are the heart of Swedish/Edmonds Hospital. Whether you are looking to volunteer to explore an interest in the medical field, brush up on your work skills, keep active after retirement or take a break from a fast-paced career, volunteering at Swedish/Edmonds Hospital is definitely the right choice.

The spectrum of our volunteers ranges from working adults to homemakers, retirees to high school students.

Opportunities are available throughout the hospital. Here are just a few areas in which volunteers contribute to the success of Swedish/Edmonds Hospital:

Admitting	Swedish/Edmonds Gift Shops
Mail Delivery	Information Desk
Surgery/Recovery	Clerical
Emergency Room	Patient Care Areas

Special Projects

Don't have time for a long-term commitment? Our special projects might be the right solution for you. Some of the opportunities available include:

The Edmonds Art Festival	A Taste of Edmonds
Tour De Terrace	Serving at hospital events
Get Movin at Alderwood Mall	Sewing projects at home

If you are interested in joining our team of volunteers, please return your completed application forms along with your immunization record and two reference forms to:

Swedish/Edmonds Hospital
Volunteer Services Office
21601 76th Ave W.
Edmonds, WA 98026

An initial interview will be scheduled to determine the best placement for you according to your area of interest and hours of availability. Orientations are scheduled several times throughout the year. Once accepted you will be scheduled for the next available orientation date.
We ask that you commit to volunteering a minimum of 6 months or 100 hours which ever comes first.

For more information please call the Volunteer Services Department at 425-640-4341; Monday through Friday, 8:00am to 5:00PM

Thank you for your interest in volunteering at Swedish/Edmonds Hospital!

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Application for Volunteer Services

Instructions: Please complete all sections of this application in detail so we may consider you for volunteering. If a question or blank does not apply to you, write N/A in the space. Upon completion, sign your name in the space provided and return all documents to Swedish/Edmonds Hospital Volunteer Services in the envelope provided.

PLEASE PRINT LEGIBLY IN PEN

Identification Information

Last Name	First Name	Middle Initial	Maiden Name	Last 4 of Social Security Number
Address (Street) (City) (State) (Zip)				Date of Birth
Mailing Address (if different from above)				Telephone ( )
Email Address				Cell phone ( )

Education/Employment Information – Check All That Apply

Education	Junior High	Employment	Student
	High School		Employed
	Some College		Retired
	Undergrad Degree		Unemployed
	Graduate Degree		Other

Your occupation _____

Are you volunteering for school community service? yes no

Name of school _____ Hours needed _____

Availability – Check All That Apply

Hours		Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
8am–noon	Morning							
Noon–4pm	Afternoon							
4pm-7pm	Evening							
Other								

References Business / School / Community (other than a relative)

Name/Relationship	*Address*	*Telephone*
		( )
		( )

Please provide the Volunteer Services Office with a reference letter or reference form for each of the above.

Interests – please check all that apply

- o Hospitality/Ambassador Volunteer (greeting, reception, escort)
- o Administrative Support Volunteer (clerical, education, computer)
- o Gift Shop Volunteer (sales, clerical)
- o Patient Care Area Volunteer (assist staff, stock rooms, answer call lights, etc)
- o Surgery Liaison Volunteer (liaison between OR, Recovery, and patient families)
- o Cancer Resource Center Volunteer
- o Home Craft Volunteer (sewing, knitting, crocheting)
- o Special Events / Projects Volunteer (on call for event support)

Other: _____

Have you ever volunteered before? yes no If yes, where? And what did you do?

_____

Why did you leave? _____

Why did you choose Swedish/Edmonds Hospital for your volunteering?

_____

What is most important to you in a volunteer assignment?

_____

Do you have any restrictions that might limit your ability to perform certain volunteer assignments? (lifting, pushing, and standing)

_____

How did you hear about our volunteer program? _____

Emergency Contact Information

Name	Relationship
Home Phone ( )	Other phone (work, cell) ( )
Physician	Phone ( )

I agree to adhere to the hospital's Volunteer Services policies, procedures, and rules to the best of my ability. I agree to participate in the hospital's orientations. I understand that the Director of Volunteer Services or the hospital's Executive Director may terminate my work as a volunteer at any time, and that I may also terminate my work. I also understand all information regarding patients with whom I work is strictly confidential and I shall maintain that confidentiality.

_____ _____

Volunteer Signature Date

All volunteers 14 through 18 years of age must have the consent of a parent or legal guardian.

_____ _____

Signature of Legal Guardian Relationship

SWEDISH
Edmonds

VOLUNTEER SERVICES REFERENCE FORM

You have been given as a reference by this applicant. Volunteers play an important role in working with hospital patients and visitors in a sensitive manner. Volunteers must be able to maintain confidentiality, communicate effectively, and follow through with commitments. We appreciate your honesty in responding and if you wish to keep the content of your reply confidential please let us know. Your prompt reply is appreciated.

Please return this form to:
Volunteer Services
Swedish/Edmonds
21601 76th Avenue West
Edmonds, WA 98026

Name of applicant: _____

How long have you known applicant? _____

In what capacity have you known the applicant? _____

Ratings:
1. Needs Improvement
2. Fair
3. Very Good
4. Outstanding

1.	Displays courtesy, tact, patience.	1	2	3	4
2.	Works well with a diverse population.	1	2	3	4
3.	Exhibits interest and enthusiasm for a volunteer position.	1	2	3	4
4.	Accepts supervision in a positive way.	1	2	3	4
5.	Seeks opportunity to improve and advance.	1	2	3	4
6.	Accepts responsibility and commitment.	1	2	3	4
7.	Is dependable and punctual.	1	2	3	4

Comments: _____

_____

_____

Date: _____

Signature: _____

Printed Name: _____

Address: _____

Phone Number: _____

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Edmonds

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Comments: _____

_____

_____

Date: _____

Signature: _____

Printed Name: _____

Address: _____

Phone Number: _____

SWEDISH
Edmonds

Name:_____

DOB:_____**SS#**_____
Dept:_____
Patient Contact:_____
Phone:_____**Cell**_____
Date:_____

TB Screening
Have you ever had a positive TB skin test/PPD?
Yes* no date: _____
*Documentation of the positive skin test date, any prophylactic treatment and a chest x-ray dated after the positive skin test is required.

Circle if you have had any of the following immunizations.
*Documentation is incomplete without official immunization records

Required Immunizations *	**Date(s) given**
Two-step Initial TB Skin Test	yes no
Hepatitis B Vaccine	yes no
Or Hepatitis B antibody (HBSAB) titer	
MMR (Measles/Mumps/Rubella) 2 needed	yes no
Or positive titers for Rubeola, Rubella and Mumps	
Varicella Vaccine	yes no
Or positive titer	
Chickenpox (Varicella) disease	yes no
Tdap	yes no
Flu this season	yes no

Are you latex sensitive or do you have a latex allergy. Please explain:_____
_____
Do you have any other allergies or medical conditions that we should be aware of?_____
_____

2/13

EH use only

Compliant
- ☐ HBV
- ☐ MMR
- ☐ Vari
- ☐ Flu
- ☐ Tdap
- ☐ TB #1
- ☐ TB #2
- ☐ Hx of positive
- ☐ CXR doc or given
- ☐ quest.
- ☐ QFT

Titers needed:
☐ HBV ☐ Meas ☐ Rub ☐ Mum
☐ Vari
☐ lab slip given

☐ **ETS**

WASHINGTON STATE PATROL

Identification and Criminal History Section
PO Box 42633, Olympia WA 98504-2633

REQUEST FOR CRIMINAL HISTORY INFORMATION
CHILD/ADULT ABUSE INFORMATION ACT
RCW 43.43.830 THROUGH 43.43.845

A REQUESTING AGENCY/ADDRESS

Swedish/Edmonds1
Agency

Attn

21601 76th Avenue West
Address

Edmonds, WA 98206
City/State/Zip

I certify this request is made pursuant to and for the purpose indicated.

Authorized Signature Date

Volunteer Services (425) 640-4341
Title Area Code/Phone Number

B PURPOSE

Check appropriate box

- [ ] Educational School District (ESD)/School District Volunteer – no fee
- [x] Non-Profit Business/Organization – no fee (Excluding Schools & ESD's)
- [ ] Profit Business/Organization - $17
- [ ] Adoptive Parent - $17
- [ ] Receive background results electronically

Email address _____

Password _____ (must be at least 8 characters)

Fees: Make payable to Washington State Patrol by check, money order, or business account.

Notary letters certifying the results are available upon request (available by mail only). There is an additional $10.00 processing fee per notary seal.

_____ **Notarized Letter(s)**

C APPLICANT OF INQUIRY (Please provide as much information as possible; name and date of birth are mandatory.)

Applicant's Name: _____
Last First Middle

Alias/Maiden Name(s): _____

Date of Birth: _____ Sex: _____ Race: _____
Month/Day/Year

Secondary dissemination of this criminal history record information response is prohibited unless in compliance with statute.

D WASHINGTON STATE PATROL IDENTIFICATION & CRIMINAL HISTORY SECTION

As of this date, the applicant named below has no record pursuant to RCW 43.43.830 through 43.43.845.

Requesting Agency

Applicant's Signature

Applicant's Name

Address

City/State/Zip

WSP Use Only

Applicant Right Thumb Print (Optional)

CHILD/ADULT ABUSE RECORD SEARCH GUIDELINES

Refer to Revised Code of Washington (RCW) 43.43.830-43.43.845 for complete information. Child/Adult Abuse Information Act background checks may be conducted by Washington State businesses or organizations. Other states must conduct searches under the Criminal Records Privacy Act, RCW 10.97.

1. **Searches may be conducted only on prospective employees, volunteers, or adoptive parents.**
Background checks may be conducted on prospective employees, volunteers, or adoptive parents who will or may have unsupervised access to children under sixteen years of age, developmentally disabled persons, or vulnerable adults. The background check is for initial employment decisions only.
Background checks on current employees or volunteers should be done through the Criminal Records Privacy Act, RCW 10.97.

2. **Applicants must be notified an inquiry may be made.**
A business or organization shall not make an inquiry to the Washington State Patrol unless the business or organization has notified the applicant who may be offered a position as an employee or volunteer that an inquiry may be made.

3. **A business or organization must prepare a disclosure statement to be signed by the applicant before a background check may be conducted.**
A business or organization shall require each applicant to disclose whether the applicant has been:
(a) Convicted of a crime;
(b) had findings made against him or her in any civil adjudicative proceeding;
(c) has both a conviction and findings made against him or her.

4. **Applicants must be notified of the response.**
The requesting agency shall notify the applicant of the Washington State Patrol's response within ten days after receipt. The employer shall provide a copy of the response to the applicant and shall notify the applicant of such availability.

Notes:
• "Business or organization" means a person, business, or organization licensed in this state, any agency of the state, or other governmental entity, that educates, trains, treats, supervises, houses, or provides recreation to developmentally disabled persons, vulnerable adults, or children under sixteen years of age, or that provides child day care, early learning, or early learning childhood education services, including but not limited to public housing authorities, school districts, and educational service districts.
• The business or organization shall use this record only in making the initial employment or engagement decision. Further dissemination or use of the record is prohibited. A business or organization violating this subsection is subject to civil action for damages.
• Responses are limited to **Washington State records only.**

NOTE: The requested record information is furnished solely on the basis of name and/or description similarity with the subject of your inquiry. Positive identification or non-identification can only be effected upon receipt of fingerprints.

SWEDISH
Edmonds

APPLICANT DISCLOSURE; PURSUANT TO RCW 43_43_834
CHILD AND ADULT ABUSE INFORMATION ACT

Answer YES or NO to each listed item. If the answer is YES to any item, explain in the area provided, indicating the charge or finding, the date, and the court(s) involved.

1. Have you ever been convicted of any crimes against children or other persons, as follows: aggravated murder; first or second degree murder; first or second degree kidnapping; first, second, or third degree assault; first, second, or third degree rap; first, second, or third degree rape of a child; first, or second degree robbery; first degree arson; first degree burglary; first or second degree manslaughter; first or second degree extortion; indecent liberties; incest; vehicular homicide, first degree promoting prostitution; communication with a minor; unlawful imprisonment; simple assault; sexual exploitation of minors; first or second degree criminal mistreatment; child abuse or neglect as defined in RCW 26.44.020; first or second degree custodial interference; malicious harassment; first, second, or third degree child molestation; first or second degree sexual misconduct with a minor; patronizing a juvenile prostitute; child abandonment; promoting pornography; selling or distributing erotic material to a minor; custodial assault; violation of child abuse restraining order; child buying or selling; prostitution?

   ANSWER _____ IF YES, EXPLAIN BELOW:

   _____

   _____

2. Have you ever been convicted of crimes relating to the financial exploitation if the victim was a vulnerable adult, as follows: first, second, or third degree extortion; first, second, or third degree theft; first or second degree robbery; forgery?

   ANSWER _____ IF YES, EXPLAIN BELOW:

   _____

   _____

3. Have you ever been found in any dependency action under RCW 13.34.030 (2)(b) to have sexually assaulted or exploited any minor or to have physically abused any minor?

   ANSWER _____ IF YES, EXPLAIN BELOW:

   _____

   _____

4. Have you ever been found in any domestic relations proceeding under Title 26RCW to have sexually abused or exploited any minor or to have physically abused any minor?

   ANSWER _____ IF YES, EXPLAIN BELOW:

   _____

   _____

5. Have you ever been found in any disciplinary board final decision to have sexually or physically abused or exploited any minor or developmentally disabled person or to have abused or financially exploited any vulnerable adult?

   ANSWER _____ IF YES, EXPLAIN BELOW:

   _____

   _____

6. Have you ever been found in any protection proceeding under chapter 74/34 RCW, to have abused or financially exploited a vulnerable adult?

   ANSWER _____ IF YES, EXPLAIN BELOW:

   _____

   _____

We may request from the Washington State Patrol criminal identification system a report of your record of criminal convictions for offenses against persons, civil adjudications of child abuse, and disciplinary board final decisions. If you are hired before that report is available, YOUR EMPLOYMENT WILL BE CONDITIONED UPON RECEIPT OF A SATISFACTORY REPORT.

If a report is requested from the Washington State Patrol criminal identification system, you will be notified of the response within ten days after we receive this report. We will make a copy of the report available to you upon your request.

Pursuant to RCW 9A.17.085, I certify under penalty of perjury under the laws of the State of Washington that the foregoing is true, correct and complete. I understand that if I am hired, I can be discharged for any misrepresentation or omission in the above statement.

APPLICANT SIGNATURE _____

DATE AND PLACE _____

WITNESS _____

Business or Organization Swedish/Edmonds Hospital

Address 21727 – 76th Avenue West, Suite 102, Edmonds, WA 98026