Dear Prospective Volunteer:

Our volunteers are the heart of Swedish Edmonds. 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 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:

- Front Desk
- ACC Lobby
- Gift Shop
- Baby Cuddling
- Information Desk
- Cancer Resource Center
- Clerical
- Emergency Room
- Patient Care Areas
- Special Projects/On Call Volunteers

Don’t have time for a long-term commitment? Our special projects might be the right solution for you. Or perhaps you would be willing to be on call for one of our regular departments.

Some of the opportunities available include:

- Swedish Sponsored Community Activities
- Support for Hospital Events
- Department Projects
- 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 letters of reference to:

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

Interviews are scheduled throughout the year and orientations are scheduled twice a month.

If you have questions or need more information please call the Volunteer Services Office at 425-640-4341

Our office hours are Monday through Friday, 8:00am to 5:00PM

Thank you for your interest in volunteering at Swedish Edmonds
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 Volunteer Services.

**PLEASE PRINT LEGIBLY IN PEN**

### Identification Information

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Middle Initial</th>
<th>Maiden Name</th>
<th>Last 4 # Security Number</th>
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<tr>
<th>Mailing Address (if different from above)</th>
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<th>Email Address</th>
<th>Cell phone</th>
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### Education/Employment Information – Check All That Apply

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<thead>
<tr>
<th>Education</th>
<th>Employment</th>
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<tbody>
<tr>
<td>Junior High</td>
<td>Student</td>
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<tr>
<td>High School</td>
<td>Employed</td>
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<tr>
<td>Some College</td>
<td>Retired</td>
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<tr>
<td>Undergrad Degree</td>
<td>Unemployed</td>
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<tr>
<td>Graduate Degree</td>
<td>Other</td>
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Your occupation ________________________________________

Are you volunteering for school community service? yes no

Name of school _____________________________ Hours needed ________

### Availability – Check All That Apply

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<tr>
<th>Hours</th>
<th>Sunday</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
<th>Saturday</th>
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<td>8am–noon</td>
<td>Morning</td>
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<td>Noon–4pm</td>
<td>Afternoon</td>
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<td>4pm-7pm</td>
<td>Evening</td>
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<td>Other</td>
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### References

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<tr>
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<th>Address</th>
<th>Telephone</th>
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Please provide the Volunteer Services Office with a reference letter from each of the above.
Interests – please check all that apply

Hospitality- Front Desk ACC  
(greeting, reception, escort)

Administrative Support Volunteer  
(clerical, education, computer)

Gift Shop Volunteer  
(sales, clerical, customer service)

Patient Care Area Volunteer  
(support staff, stock rooms, answer call lights)

Surgery Liaison Volunteer  
(liaison between OR, Recovery, and patient families)

Cancer Resource Center Volunteer

Baby Cuddling

Special Events / On Call Volunteer  
(on call for event support or fill in)

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 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

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship</th>
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</thead>
<tbody>
<tr>
<td>Home Phone</td>
<td>Other phone (work, cell)</td>
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<tr>
<td>(    )</td>
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</tr>
<tr>
<td>Physician</td>
<td>Phone</td>
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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
CONFIDENTIALITY AGREEMENT

Swedish Edmonds Healthcare employees, volunteers, medical providers, and vendors must make every effort to prevent unauthorized use and disclosure of medical, personal, or other data pertaining to patients, employees, and proprietary hospital operations (“confidential information”). Under no circumstances should confidential information be released or discussed with anyone unless it is in the performance of legitimate job related duties or medical staff functions (“job duties”). To ensure that all Swedish Edmonds Healthcare employees, volunteers, medical providers and vendors acknowledge their responsibility to protect the privacy and confidentiality of confidential information, please read and sign the following:

1. I acknowledge that all confidential information is confidential and protected against unauthorized viewing, discussion, use and disclosure regardless of format: electronic, written, overheard or observed.

2. I understand that I may view, use, disclose, or copy information only as it relates to the performance of my job duties. Any unauthorized viewing, discussion, use or disclosure of confidential information is a violation of Swedish Edmonds Healthcare policy and may be a violation of state and federal law. Any such violation may lead to immediate disciplinary action, including termination (or as appropriate to my affiliation with Swedish Edmonds Healthcare), and possible civil liability and/or criminal charges.

3. I agree not to change, delete or destroy confidential information unless part of my job duties and, if part of my job duties, I agree to follow all established policies in relation to changing, deleting, or destroying confidential information in any form.

4. I agree to use Swedish Edmonds Healthcare computer based information systems (the “computer systems”) for the sole purpose of performing my legitimate job duties.

5. I agree not to use the computer systems to access confidential information on myself, my family, or any other person except when necessary to the performance of my job duties.

6. I understand that the passwords assigned to me to access the computer systems are confidential, and not to be shared with anyone under any circumstances.

7. I agree to use only my assigned password to access the computer systems and that I am responsible for any access to the computer systems using my password as a result of my own negligence or password sharing.

8. I understand that any actions I take in the Computer Systems are tagged with my unique identifier as established in my user profile, and such actions can be traced back to me.

9. I agree to report any real or potential breach of confidentiality immediately to the administrator on call.

10. I acknowledge that my signature on this Confidentiality Agreement signifies I have read, understand, and am committed to its principles.

11. I understand that this signed and dated document will become part of Swedish Edmonds Healthcare records.

Print Name __________________________ Signature __________________________ Date ______________
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.

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: _________________________________________________

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

Date: ____________________________________________

Signature: _________________________________________

Printed Name: _______________________________________

Address: __________________________________________

Phone Number: ____________________________________

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

This evaluation will help ensure that you are protected from infectious disease that would pose undue risk to you, other employees, patients or visitors. This information will be placed in your confidential file.

Circle if you have had the following diseases?

- Chickenpox (Varicella)    yes no Date: _____________

**TB Screenings**

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 dates after the positive skin test required.

Circle if you have had any of the following immunizations?

*Documentation is incomplete without official immunization records

**Required Immunizations***:

- Two-step Initial TB Skin Test    yes no 1. _______ 2. _______
- Annual TB    yes no 1. _______
- Hepatitis B Vaccine    yes no 1. _______ 2. _______ 3. _______
  Or Hepatitis B antibody (HBSAB) Titer Date _______
- MMR(Measles/Mumps/Rubella) 2 Needed yes no 1. _______ 2. _______
  Or positive titers for Rubella, Rubella and Mumps

  Date of Rubella titer _______ Date of Rubella titer _______ Date of Mumps titer _______

**Other Immunization (Not Required)**

- Varicella Vaccine    yes no 1. _______ 2. _______
- Tetanus/Diphtheria or Tdap yes no Last date _______ Please circle Td or Tdap
- Flu annually    yes no Last date _______

Are you latex sensitive or do you have a latex allergy. Please explain:______________________________________________________________

Do you have any other allergies or medical condition that we should be aware of? ____________________________

__________________________________________________________

Volunteer Signature Date