

**Dear Prospective Junior Volunteer:**

We are so excited that you have chosen to volunteer at Swedish Edmonds. We hope that you will find your experience interesting, educational, and FUN!

**This program will allow you to:**

- Assist in the support and comfort of patients at the hospital.
- Learn about and experience career possibilities in the healthcare field.
- Meet new people and make new friends.
- Fulfill community service requirements for school.

**To become a volunteer you must:**

- Be at least 14 years old.
- Be able to volunteer for at least 48 hours of your time. This can be approximately 3 months.
- Be able to commit to at least one 3 or 4-hour shift each week.
- Provide two recommendations using the two forms or providing letters. One of which should be from a school staff member.
- Complete all the required paperwork.
- Interview with the Volunteer Services Staff.
- Complete orientation and training for your role.
- Complete a health screening and provide proof of immunizations upon request.

**We have volunteer opportunities in the following areas:**

- Information Desk
- Companionship Care (Magazine & Book Cart)
- Patient Care Areas
- Food Services
- Special Events/Projects

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 -76<sup>th</sup> Avenue West  
Edmonds, WA 98026

Or scan and email to [raegan.fisher@swedish.org](mailto:raegan.fisher@swedish.org)

If you have questions or need more information, please email [raegan.fisher@swedish.org](mailto:raegan.fisher@swedish.org)  
or call the Volunteer Services Office at 425-640-4340  
Our office hours are Monday through Friday, 8:00am to 5:00PM

Please note for most volunteers under the age of eighteen there can be an extensive wait list. Once accepted you will receive an email and have two weeks to respond before we move on to the next applicant in line.

*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 IN PEN LEGIBLY or TYPE**

### Identification Information

Last Name	First Name	Full Middle Name	Last 4 # 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

- |  |   |
|--|---|
| <b>Education</b><br><input type="checkbox"/> Junior High<br><input type="checkbox"/> High School<br><input type="checkbox"/> Some College<br><input type="checkbox"/> Undergrad Degree<br><input type="checkbox"/> Graduate Degree | <b>Employment</b><br><input type="checkbox"/> Student<br><input type="checkbox"/> Employed<br><input type="checkbox"/> Retired<br><input type="checkbox"/> Unemployed<br><input type="checkbox"/> 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
7am–11:00	Morning							
11:00–3pm	Afternoon							
3pm-7pm	Evening							
Other								

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

Name/Relationship	Address	Telephone
		( )
		( )

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

### Interests – please check all that apply.

- |  |   |
|--|---|
| <input type="checkbox"/> Hospitality- Front Desk ACC - students 17+<br>(greeting, reception, escort) | <input type="checkbox"/> Recovery/PACU Volunteer – Students 17+<br>(liaison between OR, Recovery, and patient families) |
|--|---|

- Bereavement Volunteer  
(Requires approval from Bereavement program coordinator)
- Cancer Resource Center Volunteer –students 18+
- Magazine and Book Cart
- Rehab Center – Patient Support  
(Restocking and turning rooms)
- Baby Cuddling (must be 18 and graduated from high school)
- Patient Care Area Volunteer – students 17+  
(Support staff, stock rooms, answer call lights)
- Nutrition and Food Services
- Eucharistic Ministers – Spiritual Care
- Emergency Department – Clinical =Pre-Nursing & Pre Med-Students Only  
(support staff, stock rooms, answer call lights)

Have you volunteered in the past?  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, or computer skills)

\_\_\_\_\_

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 policies, procedures, and rules to the best of my ability. I agree to participate in the hospital’s orientations. I understand that the Manager of Volunteer Services may terminate my work as a volunteer at any time. I will provide 2 weeks’ notice prior to a vacation or resignation. I will complete the minimum hour commitment to receive verification of hours. If I do not complete those hours or am dismissed, I understand those hours will not be verified or provided to me. I also understand all information regarding patients with whom I work is strictly confidential and I shall maintain that confidentiality. Volunteers 14-18 years old- Parents or Legal Guardians may request information from the volunteer services staff about my volunteer status and or schedule at any time.

\_\_\_\_\_  
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 computer systems to access confidential information on myself, my family, or any other person except when necessary for 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 asked to be 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



Name of applicant: \_\_\_\_\_

How long have you known the 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: \_\_\_\_\_



**PURSUANT TO THE REQUIREMENTS OF RCW 43.43.830, WE MUST ASK YOU TO COMPLETE THE FOLLOWING DISCLOSURE STATEMENT. THIS INFORMATION WILL BE KEPT CONFIDENTIAL.**

Have you ever been convicted of any of the following crimes against persons?

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Aggravated Murder
<input type="checkbox"/>	<input type="checkbox"/>	First or Second Degree Murder
<input type="checkbox"/>	<input type="checkbox"/>	First or Second Degree Kidnapping
<input type="checkbox"/>	<input type="checkbox"/>	First, Second, or Third Degree Assault
<input type="checkbox"/>	<input type="checkbox"/>	First, Second, or Third Degree Assault of a Child
<input type="checkbox"/>	<input type="checkbox"/>	First, Second, or Third Degree Rape
<input type="checkbox"/>	<input type="checkbox"/>	First, Second, or Third Degree Rape of a Child
<input type="checkbox"/>	<input type="checkbox"/>	First or Second Degree Robbery
<input type="checkbox"/>	<input type="checkbox"/>	First or Second Degree Manslaughter
<input type="checkbox"/>	<input type="checkbox"/>	First or Second Degree Extortion
<input type="checkbox"/>	<input type="checkbox"/>	First or Second Degree Criminal Mistreatment
<input type="checkbox"/>	<input type="checkbox"/>	Child Abuse or Neglect as defined in RCW 26.44.020
<input type="checkbox"/>	<input type="checkbox"/>	Selling or distributing erotic material to a minor
<input type="checkbox"/>	<input type="checkbox"/>	Endangerment with a controlled substance
<input type="checkbox"/>	<input type="checkbox"/>	Custodial Assault
<input type="checkbox"/>	<input type="checkbox"/>	Child buying or selling
<input type="checkbox"/>	<input type="checkbox"/>	First Degree promoting prostitution
<input type="checkbox"/>	<input type="checkbox"/>	Communications with a minor
<input type="checkbox"/>	<input type="checkbox"/>	First Degree Arson

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	First Degree Burglary
<input type="checkbox"/>	<input type="checkbox"/>	Indecent Liberties
<input type="checkbox"/>	<input type="checkbox"/>	Incest
<input type="checkbox"/>	<input type="checkbox"/>	Vehicular Homicide
<input type="checkbox"/>	<input type="checkbox"/>	Unlawful Imprisonment
<input type="checkbox"/>	<input type="checkbox"/>	Simple Assault
<input type="checkbox"/>	<input type="checkbox"/>	Sexual Exploitation of Minors
<input type="checkbox"/>	<input type="checkbox"/>	First or Second Degree Custodial Sexual Misconduct
<input type="checkbox"/>	<input type="checkbox"/>	First or Second Degree custodial interference
<input type="checkbox"/>	<input type="checkbox"/>	Felony Indecent Exposure
<input type="checkbox"/>	<input type="checkbox"/>	Criminal Abandonment
<input type="checkbox"/>	<input type="checkbox"/>	Malicious Harassment
<input type="checkbox"/>	<input type="checkbox"/>	First, Second, or Third Degree Child Molestation
<input type="checkbox"/>	<input type="checkbox"/>	First or Second or Third Degree Sexual misconduct with a minor
<input type="checkbox"/>	<input type="checkbox"/>	Patronizing a Juvenile Prostitute
<input type="checkbox"/>	<input type="checkbox"/>	Child abandonment
<input type="checkbox"/>	<input type="checkbox"/>	Promoting Pornography
<input type="checkbox"/>	<input type="checkbox"/>	Violation of Child Abuse Restraining Order
<input type="checkbox"/>	<input type="checkbox"/>	Prostitution
<input type="checkbox"/>	<input type="checkbox"/>	Or any of these crimes as they may have been renamed.

If your answer is "yes" to any of the above, please describe and provide the date(s) of the conviction(s) and the sentence(s) imposed.

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Have you ever been convicted of any of the following crimes relating to financial exploitation of a person 60 years of age or older, who has functional, mental, or physical inability to care for him or herself or is a patient in a state hospital?

Yes	No		Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	First, Second, or Third Degree Extortion	<input type="checkbox"/>	<input type="checkbox"/>	Forgery
<input type="checkbox"/>	<input type="checkbox"/>	First or Second Degree Robbery	<input type="checkbox"/>	<input type="checkbox"/>	or any of these crimes as they
may					
<input type="checkbox"/>	<input type="checkbox"/>	First, Second or Third Degree Theft			have been renamed

If your answer is "yes" to any of the above, please describe and provide the date(s) of the conviction(s) and the sentence(s) imposed.

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1. Have you ever been found in any dependency action to have sexually assaulted or exploited any minor or to have physically abused any minor?  Yes  No
2. Have you ever been found in a court in domestic relations proceeding to have physically abused or exploited any minor or to have physically abused any minor?  Yes  No
3. 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?  Yes  No
4. Have you ever been found in any disciplinary board final decision to have abused or financially exploited any person 60 years of age or older who has a functional, mental, or physical inability to care for himself or herself or who is a patient in a state hospital?  Yes  No
5. Have you ever been found by a court in a protection proceeding under Chapter 74.34 RCW to have abused or financially exploited a person 60 years of age or older who has a functional, mental, or physical inability to care for himself or herself or who is a patient in a state hospital?  Yes  No

If your answer is "yes" to any of questions 1 through 5 above, please describe and provide the date(s) of the finding(s) and penalty (ies) imposed.

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We may request your fingerprints to obtain from the Washington State Patrol criminal identification system a report of your record of criminal convictions for offenses against persons, civil adjudication of child abuse, and disciplinary board final decisions. YOUR AFFILIATION WILL BE CONDITIONED UPON THE SATISFACTORY OUTCOME OF BACKGROUND CHECKS AS DESCRIBED BELOW.

UNDER PENALTY OF PERJURY, I certify that the above information is true, correct and complete. I understand that if I am accepted into a clinical internship, I can be discharged for any misrepresentation or omission in the above statement. I also understand that any employment or internship is conditioned on the successful completion of the following: professional references, background investigations including but not limited to: Licensure, Criminal History, Social Security Verification, Governmental Sanction Checks and required drug screens.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Name (print) \_\_\_\_\_



**WASHINGTON STATE PATROL**  
Identification and Criminal History Section

PLEASE COMPLETE THE FORM BELOW.

REQUEST FOR **CONVICTION CRIMINAL HISTORY RECORD**  
INFORMATION FROM THE WSP. **(RCW 10.97)**

SUBJECT INFORMATION: Please print clearly.

Applicants Name:

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Last First Middle

Alias/Maiden Name:

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Date of Birth: Month / Day / Year \_\_\_\_\_ Sex: \_\_\_\_\_

Race: \_\_\_\_\_