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 care and comfort of patients at the hospital
- Learn about and experience possible careers 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 or 3 months of your time
- Be able to commit to at least one 4 hour shift each week
- Provide two letters of recommendation; at least one of which is from a school staff member
- Complete the all required paperwork
- Interview with the Volunteer Services Staff
- Provide proof of immunizations
- Attend a Volunteer Orientation and complete the required accompanying tests

We have volunteer opportunities in the following areas:
- Admitting / Information Desk
- Magazine and Book Cart
- Gift Shop
- Patient Care Areas
- Food Services
- Special Events/Projects
- ACV Program

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>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address</th>
<th>(Street)</th>
<th>(City)</th>
<th>(State)</th>
<th>(Zip)</th>
<th>Date of Birth</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mailing Address (if different from above)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Telephone ( )</td>
</tr>
<tr>
<td>Email Address</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Cell phone ( )</td>
</tr>
</tbody>
</table>

Education/Employment Information – Check All That Apply

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

Your occupation ________________________________________

Are you volunteering for school community service? yes no

Name of school _____________________________ Hours needed ________

Availability – Check All That Apply

<table>
<thead>
<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>
</tr>
</thead>
<tbody>
<tr>
<td>8am–noon</td>
<td>Morning</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Noon–4pm</td>
<td>Afternoon</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4pm-7pm</td>
<td>Evening</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Name/Relationship</th>
<th>Address</th>
<th>Telephone</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>( )</td>
</tr>
<tr>
<td></td>
<td></td>
<td>( )</td>
</tr>
</tbody>
</table>

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 - students 17+  
(greeting, reception, escort)

Administrative Support Volunteer  
(clerical, education, computer)

Gift Shop Volunteer  
(sales, clerical, customer service)

Patient Care Area Volunteer – students 17+  
(support staff, stock rooms, answer call lights)

Surgery Liaison Volunteer – Students 17+  
(liaison between OR, Recovery, and patient families)

Cancer Resource Center Volunteer – students 17+  

Magazine and Book Cart  

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

Nutrition and Food Services

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>
</tr>
</thead>
<tbody>
<tr>
<td>Home Phone</td>
<td>Other phone (work, cell)</td>
</tr>
<tr>
<td>(      )</td>
<td>(      )</td>
</tr>
<tr>
<td>Physician</td>
<td>Phone</td>
</tr>
<tr>
<td>(      )</td>
<td>(      )</td>
</tr>
</tbody>
</table>

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.

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 anytime.

__________________________________________________________________________

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.

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? ____________________________


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
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.

<table>
<thead>
<tr>
<th>Name of applicant:</th>
<th>_______________________________________________________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>How long have you known applicant?</td>
<td>____________________________</td>
</tr>
<tr>
<td>In what capacity have you known the applicant?</td>
<td>____________________________________________</td>
</tr>
</tbody>
</table>

Ratings:

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

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

Comments:_____________________________________________________________________________________________
____________________________________________________________________________________________________
____________________________________________________________________________________________________

Date: ____________________________________________________
Signature: ________________________________________________
Printed Name: ________________________________________________
Address: ________________________________________________
Phone Number: ________________________________________________

Please return this form to:
Volunteer Services
Swedish/Edmonds
21601 76th Avenue West
Edmonds, WA 98026
CONSENT TO MEDICAL CARE AND TREATMENT
OF MINOR CHILDREN

Hospitals may be reluctant to treat or care for children without consent from parents or legal guardians. This can cause problems if the child has a medical emergency when parents or guardians are not readily available to consent.

Complete this form and leave it with the person who is responsible for your child in your absence. In case of a medical emergency, this form should be brought with the child to the hospital.

I, ____________________________________________, the natural parent/legal guardian of ____________________________________________, authorize and consent to medical, surgical and hospital care, treatment and procedures to be performed for my child by a licensed physician or hospital when, in the sole discretion of the attending physician, such care, treatment and procedures are immediately necessary or advisable in the interest of my child's health and well-being, and it is not advisable to take the time to contact me in advance.

Under the circumstances set forth above, I elect not to be informed in advance of the nature and character of the proposed treatment, its anticipated results, possible alternatives, and the risks, complications and anticipated benefits involved in the proposed treatment and the alternative forms of treatment, including non-treatment.

________________________________________
Date

________________________________________
Signature of Parent/Guardian

________________________________________
Witness

Please provide the information requested on the reverse side of this form.
INFORMATION ON THE CHILD

Child's Name

Date of Birth

Allergies and Drug Reactions

Chronic Illnesses

Regular Medications

Blood Type

Date of Last Tetanus Immunization

Other Pertinent Data

Child's Physician

Physician's Phone Number

Parent's or Guardian's Address

Parent's or Guardian's Home Phone Number

Parent's or Guardian's Work Phone Number

Insurance Coverage

Group Number

Membership Number

Employer
A two step TB skin test is required as a condition of volunteer work at Swedish Edmonds. The tests, which are spaced one to three weeks apart, are given by the hospital free of charge by the employee health nurse. It is the responsibility of the teenage volunteer to have the results read by one of our Employee Health nurses 48 – 72 hours after the test is given. (She looks at the site of the injection on the inside of the arm to determine a positive or negative reaction.) If the skin test is positive or has previously been positive, a chest x-ray is required. If the junior volunteer fails to have it read, he/she would need to have another TB test at the Health department.

Lab work may also be required if you do not have immunization records. If you have questions, call Bobbi or Ruth at (425) 640-4133.

Authorization for TB Testing of a Minor

My son or daughter ________________________________ has my consent to have a TB (tuberculin skin test) and/or lab tests administered at Swedish Edmonds.

_________________________  ________________________________
Date                  Parent / Guardian signature
Infectious Disease/Latex Evaluation
This evaluation will help ensure that you are protected from infectious diseases 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 Rubeola, Rubella and Mumps
Date of Rubeola 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