

Dear Potential Volunteer:

Thank you for inquiring about joining our volunteer staff at Kennewick General Hospital. New volunteers are always needed and appreciated! **I have enclosed an application. Please complete the application and return it to me at KGH Volunteer Services, 900 S. Auburn, Kennewick, WA 99336.** When received, I will contact you to schedule a mutually convenient time for an interview.

Please bring to your interview a copy of your immunization records (if you have one). All volunteers born after 1957 will need to have proof of measles immunization. If you do not have a copy of your immunization records and are accepted into our volunteer program, we will provide a simple blood test to determine if you are immune to measles. If you are not immune, you can receive your immunization at the Benton Franklin Health Department.

Also, if you have had a TB test within the last year, please bring a copy of those records. If you have not had a TB test, we will provide the TB test free of charge to all volunteers accepted into the program.

Upon acceptance of a volunteer position, you will be expected to:

- Make a firm commitment on specific services, for a specific number of hours and at specified times.
- Attend an 8 hour hospital orientation.
- Accept orientation instruction and training in your assigned job.
- Respect the rules of the hospital and support them.
- Accept directions and suggestions from the staff person who will supervise you.
- Maintain professional standards in matters of patient confidentiality.
- Take complaints to your staff supervisor, or the Volunteer Supervisor, so they can be handled directly.

The services you give contributes to the welfare of our patients and helps the hospital function. You will add the special, extra touches. If you have questions, prior to the interview, please call me at 586-5117. Thank you for considering sharing the gift of your time with Kennewick General Hospital.

Sincerely,

Brenda Draper  
Director of Volunteers

*Regrets of the past, and fears of the future, are robbers of the now.*

Date Received \_\_\_\_\_



VOLUNTEER APPLICATION

Date: \_\_\_\_\_

PERSONAL INFORMATION

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle I \_\_\_\_\_ Nick Name \_\_\_\_\_

Date of Birth \_\_\_\_\_  
Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_

CURRENT EMPLOYMENT (if applicable)

Company \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

May we call if necessary? Yes \_\_\_\_\_ No \_\_\_\_\_

REFERENCES (Please no relatives)

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

(Please continue on reverse side)

NAME _____	BEGINNING DATE _____
REMOVAL DATE _____	ENDING DATE _____
	DESTROY DATE _____

Volunteer experience: \_\_\_\_\_

Hobbies and personal interests: \_\_\_\_\_

How did you become interested in our program? \_\_\_\_\_

Would you like to work with a special age group or in a specific department of the hospital? Which one(s)? \_\_\_\_\_

Skills & Preference Suggestions		Availability							
			MON	TUES	WED	THR	FRI	SAT	SUN
<input type="checkbox"/> Customer Service	<input type="checkbox"/> Fund Raising	<b>AM</b>							
<input type="checkbox"/> Mailings	<input type="checkbox"/> Bazaar	<b>PM</b>							
<input type="checkbox"/> Filing	<input type="checkbox"/> Calling	<b>EVE</b>							
<input type="checkbox"/> Errands/Delivers	<input type="checkbox"/> Gift Shop								
<input type="checkbox"/> General Clerical	<input type="checkbox"/> Auxiliary								
<input type="checkbox"/> Sewing	<input type="checkbox"/> Medical Records								
<input type="checkbox"/> Special Projects	<input type="checkbox"/> Patient Relations								
<input type="checkbox"/> Information Desk									

**Office Use Only:**

Application	Assignment	
References	Trainer	
WSP Check	Database	<b>Return:</b>
Interview	Volunteer Center	Handbook Sign off
ID Badge	Volunteer Handbook	Environment of Care Sign Off
TB/Tidors Test	Environment of Care	HIPAA Quiz
Orientation	HIPAA	Service Description Sign Off
Accept/Reject	Service Description	Orientation Check List (Education Keeps)
Uniform Issued:	Trainee Task Sheet	



KENNEWICK GENERAL HOSPITAL
P.O. Box 6128 - 900 South Auburn Street
Kennewick, WA 99336
Tel 509-586 6111
www. Kennewickgeneral.com

DISCLOSURE STATEMENT AND REQUEST FOR CRIMINAL HISTORY INFORMATION

Pursuant to the requirement of the 1987 Washington Laws Chapter 486, we must ask you to complete the following disclosure statement. This information will be kept confidential. "Crimes Against Persons" means a conviction of murder; first or second degree kidnapping; first, second, or third degree assault; first, second or third degree rape; first, second or third degree statutory rape; 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 or minors; or first or second degree criminal mistreatment.

Name (Please print): \_\_\_\_\_

Maiden name/Alias: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Sex: \_\_\_\_\_ Race: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Color of Eyes: \_\_\_\_\_ Color of Hair: \_\_\_\_\_

Have you been: 1) Convicted of any crime against persons; 2) Found in any dependency action to have sexually assaulted or exploited any minor, or to have physically abused any minor; 3) Found by a court in a domestic relations proceeding to have sexually abused, or exploited, any minor or to have physically abused any minor? (NOTE: Do not consider any conviction which has been the subject of a pardon, annulment, or other equivalent procedure based on a finding on innocence.)

In the State of Washington:

Outside the State of Washington:

If the answer is "yes", in what state or states. \_\_\_\_\_

If the answer is "yes", give date(s) of conviction \_\_\_\_\_

If you have been convicted in "dependency action" for this type of crime give date(s) of conviction: \_\_\_\_\_

A request for criminal history information from the Washington State Patrol will be requested prior to volunteering at Kennewick General Hospital as per RCW 43.43.830 through 43.43.840.

UNDER PENALTY OF PERJURY: I certify that the above information is true, correct and complete and that a request for criminal history information from the Washington State Patrol will take place prior to volunteering the Kennewick General Hospital. I understand that if I am hired, I can be discharged for my misrepresentation or omission, in the above statement. I also understand that if I volunteer, my volunteering is conditioned on your receipt of a satisfactory report from the Washington State Patrol.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**FOR HIGH SCHOOL STUDENT VOLUNTEERS ONLY**

CONFIDENTIAL SCHOOL RECOMMENDATION

I authorize the release of information from my son/daughter's school records at \_\_\_\_\_  
 \_\_\_\_\_  
 to Volunteer Services at Kennewick General Hospital. (High School)

\_\_\_\_\_  
 Parent / Guardian's Signature Date

Dear Counselor or Teacher:

All students who apply for volunteer service must have a recommendation from their school. We would appreciate your evaluation and comments to help us choose candidates who will best benefit from our program and serve our organization. This information will be kept confidential. Please return the completed form in the enclosed return envelope and return at your earliest convenience.

Thank you for your assistance,

Brenda Draper  
 Director of Volunteers, Kennewick General Hospital

Confidential Recommendation For

\_\_\_\_\_  
 Student's Name Grade in School

	<b>Excellent</b>	<b>Good</b>	<b>Average</b>	<b>Below Average</b>
Attendance				
Scholastic Record				
Dependability				
Courtesy				
Initiative				

Comments:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Counselor / Teacher's Signature \_\_\_\_\_ Date \_\_\_\_\_