

SKAGIT REGIONAL HEALTH VOLUNTEER SERVICES

Volunteer Information & Application Packet

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Thank you for your interest in volunteering at Skagit Regional Health. We are looking for responsible, dependable volunteers. We're sure you will enjoy participating in one or more of the many volunteer positions here at Skagit Regional Health.

Application and Interview Process

To start the volunteer process, please submit these items:

- Completed application form & health questionnaire.
- Parental consent form (volunteers under age 18)
- Two reference forms
- Disclosure Statement

You'll find these forms at the end of this packet. If your application packet is missing any of these forms, please call the Volunteer Services office: (360) 814-2142. After Volunteer Services receives the above forms, we will contact you for an interview. Additional interviews may be scheduled with department managers.

Additional Requirements

The following additional requirements must be met before placement can be made:

- Washington State Patrol Background Request
- TB Test
- Signed Statement of Confidentiality
- Identification Badge
- Competency Assessment
- Minimum age for volunteering is 16 years.

Skagit Regional Health will provide you with all the appropriate forms.

Volunteer Commitment

We ask all volunteers for a minimum commitment of 100 hours.

FOR STUDENTS AND JOB SEEKERS

While volunteering can be a great way to explore job opportunities, network or get required school credits, we do ask volunteers to complete a minimum of 100 hours before requesting recommendations or receiving credit for hours volunteered. As the number of positions is limited, prospective volunteers should apply at least a year in advance of any school deadlines that may be applicable. High school students seeking course or club credit should apply and begin volunteering before their senior year.

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Professional Liability

If a patient should incur an injury caused by a volunteer's actions(s), the hospital insurance will protect the volunteer. The volunteer must sign in on their time sheet to prove that they are functioning within their volunteer positions.

Parking

Parking though not always easy, is available. Please don't park in spaces that would deter patients and/or patients' families from easy access to the hospital.

Meals

Skagit Regional Health will provide one meal per shift, per day. Coffee, tea and ice water are always complimentary. Each volunteer may purchase a meal with a maximum value of \$5.00. Any additional cost is the responsibility of the volunteer

Uniforms

Uniforms are provided by Volunteer Services.

Just Say "No"

Always know that volunteers do not have to substitute or accept any responsibilities if they do not want to.

Placement

After you complete the application intake requirements, you are matched with departments based on your interests, skills, and availability. Placement may take 3-4 weeks after you meet all the application requirements.

Orientation

Volunteer orientation and training involves three parts and is designed to instill not only job knowledge, but confidence as well. The three parts are:

- Volunteer basics (interview)
- SRH orientation
- Department/unit orientation

Evaluation

After 30 days of volunteering you will meet with Volunteer Services to evaluate your volunteering experience.

Photo ID Badge

Skagit Regional Health issues you a photo ID badge that is to be worn at all times you are on duty.

VOLUNTEER SERVICE OPPORTUNITIES

Information Desk

SKAGIT REGIONAL HEALTH VOLUNTEER SERVICES

Our information desk volunteers stay very busy. When they're not answering questions or escorting patients to destinations throughout our facilities, they're providing wheelchair transport, delivering flowers and complimentary papers, responding to courier requests, checking in vendors, and assisting with projects. The information desks are truly the "hubs" of our customer service activities.

Plant Care

Volunteers at Skagit Regional Health have the responsibility of taking care of all the indoor plants. We are always seeking volunteers to "adopt" a section of our facility for indoor plant care.

Patient Care

Volunteers are placed on units as patient advocates who assist with designated activities that contribute to the patient's comfort and sense of well-being. The volunteer builds relationships with patients, communicates a message of caring, provides a link between hospital staff and the patient, and helps the patient access a variety of services available at SRH.

Clerical and Office Support

A variety of opportunities exist throughout Skagit Regional Health to assist the staff with clerical and office duties in clinical and administrative departments. Opportunities are open to volunteers who would like to gain office experience and learn new skills in a medical center environment. Duties may include computer work, answering phones, assisting patients, filing and collating, operating office machines, and running errands.

Gift Shop

The gift shop volunteers serve the many customers who purchase gifts for patients and family members. All proceeds generated by the shop are donated back to Skagit Regional Health.

Special Projects

A variety of short-term projects and events require a variety of skills throughout the year. Many events are fun, festive and include the community. Projects include educational programs, mailing parties, health fairs, and special office projects.

Surgical Services and Endoscopy

In addition to operating an information desk in surgical services, providing care and comfort to families waiting for their loved ones, SRH volunteers work behind the scenes. Our volunteers assist with room change-overs, patient transports, clerical and other activities in both Surgical Services and Endoscopy. These are excellent positions for students and others desiring to learn about employment in the medical field.

South End Opportunities

In addition to information desks at Skagit Valley Hospital, Skagit Valley Regional Cancer Care Center and Skagit Regional Clinics Mount Vernon, Volunteer Services also operates a volunteer information desk at SRC in Stanwood, and at the Cascade-Skagit Health Alliance at Smokey Point.

Junior Medical Volunteers

The Junior Medical Volunteer program is for students age 16-18. The program allows young people an excellent opportunity to explore the culture of a health care organization while giving service to their community. Junior Medical Volunteers work in many areas of Skagit Regional Health. Each year, Skagit Regional Health awards scholarships to outstanding Junior Medical Volunteers. For more information or to become a member please call 360-814-2142.

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VOLUNTEER APPLICATION

Name _____ Last Four Social Security Number: _ _ _ _

Name You Prefer To Go By _____

Primary Phone _____ Alternate Phone _____

Address _____ City _____ Zip _____

Emergency Contact _____ Relationship _____

Day phone _____ Evening phone _____

Doctor's name _____ Phone _____

Why do you wish to volunteer at SRH?

What type of volunteer work do you hope to do?

Education	School name	Dates Attended	Years Completed	Degree
College				
High School				
Other				

Current Employment / Volunteer Obligations

Occupation _____ Employer / School, if any _____

Prior experiences (to help Volunteer Services identify skill areas)

	City, State	Company	Dates from-to	Job title
Work				
Work				

Volunteer				
Volunteer				

Availability (Please list the hours that you are available to volunteer)

	Mon.	Tues.	Wed.	Thur.	Fri.
Volunteer shifts fall between 7am and 8pm Mon – Fri.					

I understand that volunteers are asked to complete a minimum of 100 hours before requesting recommendations or receiving credit for hours volunteered. As the number of positions is limited, prospective volunteers should apply at least a year in advance of any school deadlines that may be applicable. High school students seeking course or club credit should apply and begin volunteering before their senior year.

Applicant Signature

SKAGIT REGIONAL HEALTH VOLUNTEER SERVICES

Have you been convicted of ANY criminal offense within the last 10 years (including Juvenile convictions)? No Yes. If yes, please explain. _____

Please Note: A criminal conviction does not necessarily bar you from service with SRH.

I will consider as confidential all information that I may hear directly or indirectly concerning a patient, doctor or staff member. I hereby certify that there are no willful misrepresentations or falsifications of any of the statements or answers to questions on this application.

Signature _____ Date _____

PARENTAL CONSENT (Teens 15 through 17)

Your signature indicates your approval for your child's participation in the Junior Medical Volunteer Program at Skagit Regional Health. You also acknowledge that Skagit Regional Health is not liable for any accidents or injury incurred by the student while engaged in the voluntary service.

Teen applicant's name _____ Birth date _____

Parent/Guardian Name _____

Address _____ City/ Zip _____

Phone _____ Relationship to Volunteer _____

IMMUNIZATIONS

I hereby grant permission for _____ to be screened for the presence of Tuberculosis by means of a skin test (referred to as a Mantoux Test). I understand that if my child has never been tested for Tuberculosis in the past a second test will need to be administered within one month of the first test. If the test should produce a positive result either his/her family physician or the County Health Department should evaluate the child.

In addition, before acceptance into the Junior Medical Volunteer Program, all applicants (under age 18) will be required to provide proof of immunity to Measles, Mumps and Rubella. A valid vaccination record showing two MMR vaccinations or blood work that shows immunity evidences proof.

Parent or guardian: _____ Date: _____

I give my permission for _____ to become a teen volunteer at Skagit Regional Health.

I give my permission for the required tuberculosis test as required by the medical center. If my son/daughter reacts positive to the test, I give my permission to conduct a chest x-ray at no charge.

I also give my permission for any necessary treatment to be given in the event of illness or injury.

In the event of illness, injury, or emergency, please contact:

Name: _____ Phone: _____

Name: _____ Phone: _____

I have read the volunteer requirements. I agree to support my son/daughter in meeting these requirements.

Signature of parent/guardian: _____ Date: _____

SKAGIT REGIONAL HEALTH VOLUNTEER SERVICES DISCLOSURE STATEMENT

Pursuant to the requirements of RCW 43.43.830.840, 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 children or other persons (including juvenile offenses) or, any of these crimes as they may have been renamed?

YES NO

- Aggravated Murder
- Arson 1st degree
- Assault in 1st degree
- Assault in 2nd degree
- Assault in 3rd degree
- Assault in 4th degree
- Burglary 1st degree
- Child abandonment
- Child abuse or neglect
as defined in RCW 26.44.020
- Child buying or selling
- Child molestation 1st degree
- Child molestation 2nd degree
- Child molestation 3rd degree
- Communication with a minor
for immoral purposes
- Criminal abandonment
- Criminal mistreatment 1st degree
- Criminal mistreatment 2nd degree
- Custodial assault
- Custodial interference 1st degree
- Custodial interference 2nd degree
- Extortion 1st degree
- Extortion 2nd degree
- Extortion 3rd degree
- Felony indecent exposure
- Forgery (5 or more years)
- Incest
- Indecent liberties
- Kidnapping 1st degree
- Kidnapping 2nd degree

YES NO

- Malicious harassment
- Manslaughter 1st degree
- Manslaughter 2nd degree
- Murder 1st degree
- Murder 2nd degree
- Patronizing a juvenile prostitute
- Promoting pornography
- Promoting prostitution 1st degree
- Prostitution (3 or more years)
- Rape 1st degree
- Rape 2nd degree
- Rape 3rd degree
- Rape of a child 1st degree
- Rape of a child 2nd degree
- Rape of a child 3rd degree
- Robbery 1st degree
- Robbery 2nd degree
- Selling or distributing
erotic material to a minor
- Sexual exploitation of minors
- Sexual misconduct with a minor 1st
degree
- Sexual misconduct with a minor 2nd
degree
- Theft 1st degree
- Theft 2nd degree (5 or more years)
- Theft 3rd degree (3 or more years)
- Unlawful imprisonment
- Vehicular homicide (negligent
homicide)
- Violation of a child abuse restraining
order

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

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

YES NO

1st, 2nd, or 3rd degree extortion

1st or 2nd degree robbery

1st, 2nd, or 3rd degree theft

YES NO

Forgery

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. _____

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 a domestic relations proceeding to have physically abused or exploited any minor? YES NO
3. Have you ever been found in a court in a domestic relations proceeding to have physically abused or exploited any 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 him/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 him/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 the penalty(ies) imposed. _____

UNDER PENALTY OF PERJURY, I certify that the above information is true, correct and complete. I understand that if I am placed I can be discharged for any misrepresentation or omission in the above statement. I also understand that if I am placed my service is conditioned on your receipt of a satisfactory report from the Washington State Patrol.

Date: _____

Signature _____ Print Name _____

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 adjudications of child abuse, and disciplinary board final decisions. If you are placed before that report is available, YOUR SERVICE WILL BE CONDITIONED UPON THE RECEIPT OF A SATISFACTORY REPORT.

You will be notified of the State Patrol's response within ten days after we receive the report. We will make a copy of the report available to you upon your request.

SKAGIT REGIONAL HEALTH VOLUNTEER SERVICES

REFERENCE FORM

Skagit Regional Health's Vision: *"Each of us will contribute to making Skagit Regional Health the best regional integrated health system in the Northwest, dedicated to understanding and exceeding our patients' expectations."*

Our volunteers play a large role in delivering quality services by providing a variety of patient services. Our volunteers must possess self-motivation and maturity. We appreciate your completing this form so that we may make a decision on the applicant's ability to fulfill the responsibilities involved in our volunteer program.

Applicant's name: _____

How long have you known the applicant? _____

In what capacity have you known the applicant? _____

Please evaluate the applicant in the following areas:

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

Other comments: _____

Signature: _____ Date: _____

Printed name: _____ Phone: _____

Address: _____

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How long have you known the applicant? _____

In what capacity have you known the applicant? _____

Please evaluate the applicant in the following areas:

	Outstanding	Very Good	Fair	Needs Improvement
8. Displays courtesy, tact, and patience.				
9. Works well with a diverse population.				
10. Exhibits interest and enthusiasm for a volunteer position.				
11. Accepts supervision in a positive way.				
12. Seeks opportunity to improve and advance.				
13. Accepts responsibility and commitment.				
14. Is dependable and punctual.				

Other comments: _____

Signature: _____ Date: _____

Printed name: _____ Phone: _____

Address: _____