

# UW Medicine

NORTHWEST HOSPITAL  
& MEDICAL CENTER

## VOLUNTEER APPLICATION

PLEASE PRINT

<i>office use only</i>
Ultipro Number _____
Badge Number _____
WSP _____
Orientation Date _____
OSHA _____ TB test _____
Dept: _____

Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Date \_\_\_\_\_  
(Last) (First)

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

Email \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_

Name of school, if applicable \_\_\_\_\_

Course of study, if applicable  
\_\_\_\_\_

Educational background  
\_\_\_\_\_

Place of employment \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

Previous work experience \_\_\_\_\_

Special skills (e.g. computer), interests or hobbies:  
\_\_\_\_\_  
\_\_\_\_\_

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

Why are you interested in volunteering? \_\_\_\_\_

How did you learn about our program? \_\_\_\_\_

Areas of interest/service preferred \_\_\_\_\_

Day(s) preferred \_\_\_\_\_ Hours preferred \_\_\_\_\_

Things you would rather not do \_\_\_\_\_

Health conditions that should be considered \_\_\_\_\_  
\_\_\_\_\_

Person to notify in case of an emergency:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Will you be parking on campus?      Yes                      No

Volunteers are required to be current on their immunizations and to have tuberculosis skin tests according to hospital policy. Have you had the following:

Disease	Immunization
Mumps	
Measles (hard)	
Rubella (German measles)	
Tetanus	
Chicken Pox	
Hepatitis B	
Annual Flu Shot	

Date of your most recent TB test \_\_\_\_\_ Results: \_\_\_\_\_

Have you, within the last seven (7) years, been convicted of an offense involving drugs, theft, or inflicting bodily injury? No                      Yes

If yes, please explain \_\_\_\_\_

The Child/Adult Abuse Information Act, Chapter 486, Washington Laws, became effective July 1987. This law requires us to obtain from the Washington State Patrol a report of your record of criminal convictions for offenses against persons, civil adjudication of child abuse, and disciplinary board final decisions. Volunteer status is conditioned upon the receipt of a satisfactory report from the Washington State Patrol. All responses are confidential.

Believing that Northwest Hospital has need of my services as a volunteer worker, I agree to hold as absolutely confidential all information which I may obtain directly or indirectly concerning patients, doctors or personnel and I will not seek confidential information regarding a patient.

My services are donated to Northwest Hospital without contemplation of compensation or future employment and given for humanitarian or charitable reasons.

I hereby certify that the above is true and complete to the best of my knowledge.

*Signature* \_\_\_\_\_ *Date* \_\_\_\_\_

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