

Hospice Volunteer Application

Thank you for your interest in becoming a Hospice volunteer at MultiCare Health System. We look forward to reviewing your application.

Applicant Information

First name * _____

Last name * _____

Middle name * _____

Nickname _____

Title * _____

Type _____

Address 1 * _____

Address 2 _____

City * _____ State _____ Zip * _____

Home phone * _____ Ok to call

Work _____ Ok to call

Cell * _____ Ok to call Ok to text

Email (please use personal, not school) * _____

Date of birth * _____ Age _____ Gender * _____

Last 4 Social Security number * _____

Have you ever served in the military? _____

How did you hear about us? * _____

Maiden name or previous names used _____

Are you a current MultiCare Employee _____

Are you a past MultiCare Employee _____

Name of relative employed at MultiCare _____

Interest Questionnaire

Please answer the following questions:

1. What makes you passionate about volunteering? _____

2. Please list your previous volunteer experience. _____

3. What personal characteristics do you have that you believe will assist you with volunteering at MultiCare Yakima Hospice? _____

4. Please say a little about your interest in Hospice work. _____

Availability

Please indicate your availability to volunteer.

Sunday Monday Tuesday Wednesday Thursday Friday Saturday

Morning _____

Afternoon _____

Evening _____

Provide additional information that would be helpful in determining your availability.

Skills and Languages

Please check any applicable skills:

Skills

- | | | | |
|--|--|--------------------------------------|--|
| <input type="checkbox"/> Ability to lift up to 20lbs | <input type="checkbox"/> Administrative/Office | <input type="checkbox"/> Art | <input type="checkbox"/> Cashier |
| <input type="checkbox"/> Computer | <input type="checkbox"/> Customer Service | <input type="checkbox"/> Data Entry | <input type="checkbox"/> Gardening |
| <input type="checkbox"/> Musician | <input type="checkbox"/> Other | <input type="checkbox"/> Photography | <input type="checkbox"/> Proficient use of ipad/pc |
| <input type="checkbox"/> Retail | <input type="checkbox"/> Sales | <input type="checkbox"/> Sewing | <input type="checkbox"/> Social Media |

List other skills and/or languages here: _____

Assignment Preferences

Please check the assignments you are interested in.

- Direct Patient Visits – In the direct care role, depending on your talents, you could provide one or more of the following services at the Cottage or in the patient’s home.
- Companionship and conversation
 - Reading or crafting
 - Memoir, email or letter correspondence
 - Light housekeeping, meal prep
 - Respite care for caregiver(s) to rest or run errands.
 - Playing music, playing an instrument, singing
 - We are open to ideas that may bring joy to our patients.
- Cottage in the Meadow – Cottage in the Meadow volunteers typically spend 2 to 5 hours each week providing services to families at the Cottage Welcome Desk, answering phones, doing light clerical jobs, and supervising the needs of the family kitchen.
- Scanning documents, making packets, running copies.
 - Assisting the bereavement coordinator prepare materials for mailing.
 - Assisting the volunteer coordinator with various computer and clerical tasks.
- Medication Delivery (Monday-Friday) – Picking up medications from the hospital pharmacy and delivering to local facilities.
- Special Events – Special events are planned throughout the year. Our volunteers help with set up and take down of events.

Emergency Contact

In the event of an emergency, whom should we notify?

First Name * _____

Last Name * _____

Home phone * _____ Ok to call

Work _____ Ok to call

Cell * _____ Ok to call

Relationship _____

References

Please provide contact information for three references. The references must not be a relative and you must have known the reference for at least a year.

First Name * _____ Last Name * _____

Email address * _____

First Name * _____ Last Name * _____

Email address * _____

First Name * _____ Last Name * _____

Email Address * _____

Disclosure Statement

Your activities may include unsupervised access to children, vulnerable adults and developmentally disabled individuals. Washington law requires that we obtain a Washington law background check. Your role/position will be conditioned upon the receipt of a satisfactory report.

Have you ever been convicted of a crime (including any felonies or misdemeanors other than traffic tickets)? If yes, state the natures of the offences, when it occurred, where and disposition:

Have you ever been convicted of a crime? *

No Yes

Have you lived in WA, the last 3 years? *

No Yes

Previous Names Used

Please list any other LAST NAMES you have used during the previous 7 years.

Volunteer Commitment

I understand that I am responsible to complete at least 100 documented hours of volunteer services at my assigned MultiCare location before I am eligible to have my community service paperwork and evaluation signed off; even if 100 hours is more than my school or other program requires of me. If I want to receive a letter indicating my number of hours completed, have any school related paperwork signed or have references provided by the volunteer office, I must make an email request at least one week in advance of when it will be needed. I also understand that the request cannot be made until I have completed the 100-hour commitment.

I understand I am committing to a shift of 3-4 hours 1 day a week. If I am unable to make my assigned schedule, I will call or email my department and /or volunteer coordinator at least 24 hours prior to my assigned shift. Two no call/no shows will result in removal of my name from the schedule.

Upon reaching the end of my volunteer experience I will contact the volunteer office or email my coordinator to let them know I am no longer able to volunteer.

Upon reaching the end of my volunteer experience I am responsible for returning my badge back to the volunteer office. I understand that should I not return my badge at the end of my volunteering there is a \$25.00 fee.

I understand that should I report for my volunteer shift without my badge I will be sent home to retrieve my badge. I further understand there is a \$25.00 fee charged to replace a lost, stolen or damaged badge.

I understand I am allowing MultiCare volunteer services to complete all necessary background checks requested by their policies to be considered for a volunteer placement.

I understand I am allowing MultiCare volunteer services to take and use my photograph for the purposes of my volunteer badge and that this picture will also appear in the employee/volunteer directory.

I understand I must complete all required immunizations necessary for my volunteer placement. I further understand that there can be no exceptions made for these immunizations as they protect not only me but the staff, patients, visitors, families, and community members I may come into contact with while volunteering.

If at any time I am not longer able to follow the terms of my volunteer commitment, I will relinquish my volunteer position and alert my volunteer coordinator or other volunteer services staff member.

Confidentiality Statement

I recognize that during my engagement at MultiCare, its affiliates and/or subsidiaries, I may have access to confidential, proprietary, private and/or nonpublic information (confidential information). Confidential information includes, but is not limited to medical, health, and financial information about customers and their dependents; information that isn't publicly available about MultiCare's operations, associates, plans, development, purchasing and marketing, sales, provider contracts and costs, pricing, improvements, ideas; personnel records, including salaries and benefits, and information about customers and clients. This definitions of confidential information is not intended to prohibit workforce or individuals from discussing and sharing information about their own salary, benefits, medical information, or other personnel matters with each other or outside entities as protected by the National Labor Act. I understand that I am to protect the confidential information that I have access to or am in possession of, both inside and outside of the physical locations of MultiCare. I will not directly or indirectly use or disclose confidential information unless permitted under MultiCare policy or written authorization. I agree that all MultiCare records, data, and documents (in any form) are the exclusive property of MultiCare, and I agree that at the termination of my engagement, I will return the company all MultiCare property, including all manuals, letters, notes, notebooks, reports, customer or prospect lists, employee lists, data, information, or files that were in my possession or control during the term of my engagement.

Standard of Business Conduct

The MultiCare Standards for Business Conduct define the expectations for how our organization does the right thing, exemplifies our values, and approaches the work that supports our mission. While every possible example or scenario may not be expressly addressed, the spirit of the Standards goes beyond the specific topics and examples that are mentioned. Everyone should understand the importance of upholding the Standards as each of our responsibility to promote an ethical and compliant workplace.

Examples of Business Conduct include but are not limited to: Making good decisions, everyone is responsible for following our standards, knowledge of compliance, speaking up, reporting integrity concerns, zero-tolerance, Promoting an Ethical workplace, understanding our responsibility to others. Keeping MultiCare Safeguards through Confidentiality and proprietary information, brand stewardship, being a good community citizen, believing in MultiCare Values and Mission.

The volunteer services department and or leadership can terminate the volunteer service in violation of these standards at any time.

Acknowledgement

By providing your electronic signature below, you are agreeing to abide to the volunteer commitment. The volunteer commitment includes the Agreement Statement, Confidentiality Statement, and Standards of Business conduct.

In addition, your submission of this application indicates your approval for us to run a background check.

You are agreeing that you are at least 16 years of age and have obtained parental or guardian consent to volunteer if you are under 18 years of age.

MultiCare is not obligated to provide a placement, nor are you obligated to accept a volunteer position offered. At any time, MultiCare reserves the right to terminate engagement.

Application Signature:

Signature _____ Date _____

Printed Name _____