

Volunteering at PeaceHealth

Thank you for your interest in volunteering at PeaceHealth Southwest Medical Center! We are seeking volunteers who will carry out our mission with cooperation and enthusiasm. Your contribution as a volunteer will be significant in fulfilling our vision in which

Every PeaceHealth patient will receive safe, evidence-based, compassionate care, every time, every touch.

Vaccination Requirements

All caregivers, including volunteers, must be fully vaccinated for COVID-19 and the Flu. Proof of vaccination status for COVID and the current season's flu vaccination are required to volunteer.

We will also need documentation of Tdap, MMR, and Varicella (Chicken Pox) vaccinations. You should be able to obtain these records from your school. If not, you will need to reach out to your clinic. Please turn these records in with your application, COVID, and flu documentation. Once Employee Health evaluates your records, Volunteer Services will contact you with the next Orientation date and time. Orientations are held at least once a month.

After you attend orientation, you will be given information to schedule an appointment with an outside lab to conduct a blood draw to screen for Tuberculosis. There is no cost to you, but a parent or guardian will need to be present.

If you have any questions, please call 360-514-2035 or email me at KMurray3@PeaceHealth.org.

I look forward to meeting you to begin your journey of service to our community!

Kristy Murray | Guest & Volunteer Services

Supervisor of Operations | Columbia Network, Vancouver

PeaceHealth | 400 NE Mother Joseph Place | Vancouver, WA 98664

office 360-514-3125 | **fax** 360-514-4189

HOSPITAL YOUTH VOLUNTEER PROGRAM APPLICATION

PERSONAL INFORMATION

Name _____
(Last) (First) (M.I.) (Today's Date)

Street Address: _____

City, State, Zip Code: _____

Best Contact Phone: _____ Ok to contact?

Cell Phone: Landline

Birthdate: _____ E-mail: _____

Where did you hear about our program? _____

Do you have a family member employed at PeaceHealth? _____

EMPLOYMENT / EDUCATION / TRAINING

Have you ever volunteered with any PeaceHealth organization, or any other contracted agency affiliated with PeaceHealth? Yes _____ No

Name of School: _____ Year Graduating: _____

Do you participate in any sports or school activities? Yes No

If yes, what? _____

Previous volunteer experience with any other organizations? Yes No

If yes, where? _____

EMERGENCY CONTACT _____

RELATIONSHIP _____

PHONE _____

VOLUNTEER SHIFT AVAILABILITY

Days and times available (circle) Morning: 8-12 Afternoon: 12-4 Evening: 4-8

First Choice

Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Morning	Afternoon		Evening	Anytime		

Second Choice

Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Morning	Afternoon		Evening	Anytime		

Third Choice

Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Morning	Afternoon		Evening	Anytime		

Our goal is to pair you in a volunteer assignment that will be personally fulfilling and aligns with your interests.

<input type="checkbox"/> Gift Shop	<input type="checkbox"/> Nursing Units*	<input type="checkbox"/> Information Desks**
<input type="checkbox"/> Critical Care Information Desks	<input type="checkbox"/> Activity Cart	<input type="checkbox"/> Supply Room
<input type="checkbox"/> Kearney Breast Care Center	<input type="checkbox"/> Wanderer/Deliveries	<input type="checkbox"/> Joint Journey
<input type="checkbox"/> Infusion Oncology Clinic	<input type="checkbox"/> Inpatient Rehab	<input type="checkbox"/> Spiritual Care - Clerical
<input type="checkbox"/> Clerical / Phone Assistance	<input type="checkbox"/> Pianist (audition needed)	

* Cardiology, Oncology, Orthopedics, Surgery/Trauma, General Medical/Surgical (staff assist, no direct patient care)

** Entrances, Surgery, Family Birth Center

HEALTH CONSIDERATIONS

Are there any known health/medical concerns, allergies, physical limitations, or medications you are taking that you wish to disclose? *(Any information you disclose will be kept strictly confidential.)*

CONFIDENTIALITY AND COMMITMENT

I hereby agree to abide by the volunteer policies and hospital rules and regulations, and to uphold patient confidentiality as I fulfill my role as volunteer. I understand and confirm my willingness and availability to meet the 50-hour commitment requirement for my volunteer service. I certify that the above information is true, correct, and accurate. My signature indicates approval for PHSW to check personal references.

APPLICANT SIGNATURE

Printed Name: _____ Date _____

Signature: _____

PARENT/LEGAL GUARDIAN

Printed Name: _____ Date _____

Signature: _____

Relationship to Applicant _____

DON'T FORGET (incomplete applications take longer to process):

1. Complete vaccination records including COVID & current year Flu
2. Two letters of recommendation
3. Completed application with parent / legal guardian signatures

Please mail completed application forms to the following address:

**Volunteer Services
PeaceHealth Southwest Medical Center
PO Box 1600
Vancouver WA 98668**

Next Steps: After reviewing your vaccine documentation, we will contact you and arrange for you to attend the next new volunteer orientation. **If you have any questions please call the Volunteer Services Office at 360-514-2035.**

Confidentiality Agreement

PeaceHealth follows the highest standards of care and diligence in protecting the Confidential Information (defined below) entrusted to, or created by, PeaceHealth. Therefore, PeaceHealth will not employ, work with, do business with, contract with, grant access to, or entrust Confidential Information to anyone (either directly or indirectly through an intermediate person or organization) who does not also agree to abide by those same high standards of care and attention.

I understand that I will not be permitted to work for or on behalf of PeaceHealth, or be granted access to PeaceHealth data, unless and until I agree (and by my signature below I do agree) to abide by all the terms of this Confidentiality Agreement (the "Agreement"). "Confidential Information" means all tangible written and verbal information that is created by, retained by, or entrusted to PeaceHealth to carry out PeaceHealth's mission, and includes:

- all Protected Health Information (PHI), as that term is defined by the Health Insurance Portability and Accountability Act (HIPAA), in whole or in part;
- all material non-public information (MNPI) concerning PeaceHealth's caregivers and providers;
- business models, planned business transactions or arrangements, customer and supplier lists, marketing plans, financial and technical information, trade secrets, know-how, ideas, designs, drawings, specifications techniques, operational designs and approaches, programs, systems, processes, and computer software; and
- all information or material (tangible and intangible) that has or could have commercial value or other utility purposes to PeaceHealth.

I understand and agree that:

1. I will diligently preserve, protect, and maintain the confidentiality, privacy, and security of Confidential Information, and I will abide by all PeaceHealth's (or if I'm employed by another entity under an arrangement with PeaceHealth, then my employer's) policies, procedures, and practices related to the protection of Confidential Information and/or PHI under HIPAA.
2. Confidential Information is the exclusive property of PeaceHealth, and I will not acquire, access, use, or disclose Confidential Information except for the purpose of carrying out my authorized duties under my employment (or if I'm employed by another entity under an arrangement with PeaceHealth, then my employer's) arrangement with PeaceHealth.
3. I may NOT access/view or modify PHI related to myself, family members, or friends, including for work-related purposes unless another person qualified to perform the required task is unavailable and I have obtained prior written or verbal approval from my leadership.
4. Authorization, consent, or permission from the patient/surrogate, written or otherwise, does not permit me to access electronic PHI for non-work reasons except through means established for that purpose, such as "My PeaceHealth."
5. I will be diligent, attentive, and careful in safeguarding all Confidential Information in accordance with PeaceHealth's (or if I'm employed by another entity under an arrangement with PeaceHealth, then my employer's) information security policies, procedures, and practices, and I additionally agree to abide by all the following:
 - I will not leave Confidential Information in an unsecured place or environment.

- I will properly secure my workstation when leaving the direct physical vicinity.
 - I will not disclose my username and password (login) combination to another person for any reason, and I will not use another person's username and password (login) combination.
 - I will not use my PeaceHealth password as the same password that I use for any non-PeaceHealth accounts.
 - I will not use my personal device (e.g., computer, cell phone, iPad, tablet, etc.) to record, store, share, or exchange PHI unless specifically permitted by PeaceHealth's (or if I'm employed by another entity under an arrangement with PeaceHealth, then my employer's) policies and procedures.
 - I will not send or receive Confidential Information using my personal email or social media accounts.
 - I will not discuss Confidential Information in a public place or with persons not authorized to receive such information.
 - I will only access Confidential Information needed to perform my work-related responsibilities.
 - I will immediately report all suspicious activity, behavior, and suspected information security or privacy incidents.
6. I understand that my obligations under this Agreement continue beyond the end of my service to PeaceHealth, and when my relationship with PeaceHealth ends, I will not retain or transfer any Confidential Information unless authorized in writing by PeaceHealth's System Vice President for Organizational Integrity.
7. I further understand that if I breach my obligations under this Agreement, my employment, service arrangement, or relationship with PeaceHealth may be terminated, and unless PeaceHealth has agreed to alternative arrangements with my employer, PeaceHealth may take legal action directly against me to both protect the Confidential Information and for damages caused to PeaceHealth and PeaceHealth's patients. Unless otherwise agreed to by PeaceHealth and my employer, specific actions against me can include termination of my employment, loss of my medical staff privileges, termination of my access to PeaceHealth information systems, termination of my contract or other terms of affiliation, and civil and/or criminal liabilities and penalties.

I understand and agree that I am solely responsible for knowing, understanding, adhering to, and complying with the terms of this Agreement.

Signature

Date

Signature of Legally Responsible Person
(Required if the above individual is under age 18)

Date

CONVICTION/CRIMINAL HISTORY INFORMATION

When considering individuals for employment, both paid and volunteer, conviction/criminal history records are reviewed as they relate to the content and nature of the work and the safety and security of the employees, students, patients, the public and PeaceHealth property. Additionally, the Washington State Child and Adult Abuse Information Law (RCW43.43.830 -.842) requires that employers ask applicants to disclose specific information about any convictions for crimes against persons and crimes relating to financial exploitation and findings in related actions and proceedings. This conviction information must be disclosed before an applicant can be considered for employment in any position which may involve unsupervised access to children, developmentally disabled persons or vulnerable adults as defined by law. **A conviction/criminal history record does not necessarily disqualify an individual for employment.** Criminal history records may be verified through the Washington State Patrol or other law enforcement related agencies; initial and/or continued employment may be subject to a satisfactory Criminal Conviction Report.

Print Applicant Name (Last) _____ (First) _____ (M.I) _____	Date of Birth (month/day/year) _____
Have you ever been convicted, either as a juvenile or an adult, of any of the following crimes against children or other persons, or crimes relating to drugs? <input type="checkbox"/> Yes <input type="checkbox"/> No	Social Security Number (xxx-xx-xxxx) _____

1. CRIMES AGAINST PERSONS AND CRIMES RELATING TO FINANCIAL EXPLOITATION
 Have you ever been convicted of any of the crimes listed below?
 Yes No

<input type="checkbox"/> Arson (1 st degree) <input type="checkbox"/> Assault, Custodial <input type="checkbox"/> Assault, Simple (or 4 th Degree Assault) <input type="checkbox"/> Assault (1 st /2 nd /3 rd degree) <input type="checkbox"/> Assault of a child <input type="checkbox"/> Burglary (1 st Degree) <input type="checkbox"/> Child Abandonment <input type="checkbox"/> Child Abuse of Neglect (RCW 26.44.020) <input type="checkbox"/> Child Buying or Selling <input type="checkbox"/> Child Molestation (1 st , 2 nd , 3 rd Degree) <input type="checkbox"/> Communication with a Minor <input type="checkbox"/> Criminal Abandonment <input type="checkbox"/> Criminal Mistreatment (1 st /2 nd Degree)	<input type="checkbox"/> Custodial Interference (1 st /2 nd Degree) <input type="checkbox"/> Extortion (1 st /2 nd /3 rd *Degree) <input type="checkbox"/> Forgery <input type="checkbox"/> Incest <input type="checkbox"/> Indecent Exposure - Felony <input type="checkbox"/> Indecent Liberties <input type="checkbox"/> Kidnapping (1 st /2 nd Degree) <input type="checkbox"/> Malicious Harassment <input type="checkbox"/> Manslaughter (1 st /2 nd Degree) <input type="checkbox"/> Murder, Aggravated <input type="checkbox"/> Murder, (1 st /2 nd Degree) <input type="checkbox"/> Patronizing a Juvenile Prostitute <input type="checkbox"/> Promoting Pornography	<input type="checkbox"/> Promoting Prostitution (1 st degree) <input type="checkbox"/> Prostitution <input type="checkbox"/> Robbery (1 st /2 nd Degree) <input type="checkbox"/> Rape (1 st /2 nd /3 rd Degree) <input type="checkbox"/> Rape of a Child (1 st /2 nd /3 rd Degree) <input type="checkbox"/> Selling/Distributing Erotic Material to a Minor <input type="checkbox"/> Sexual Exploitation of a Minor <input type="checkbox"/> Sexual Misconduct with a Minor <input type="checkbox"/> Theft (1 st /2 nd /3 rd Degree) <input type="checkbox"/> Unlawful Imprisonment <input type="checkbox"/> Vehicular Homicide <input type="checkbox"/> Violation of Child Abuse Restraining Order
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2. DRUG-RELATED CRIMES
 Have you ever been convicted of a crime related to the manufacture of, delivery of, or possession with intent to manufacture or deliver a controlled substance?
 Yes No

3. RELATED PROCEEDINGS
 Have you even been found in a dependency action, domestic relations proceeding, disciplinary board hearing or protection proceeding to have: sexually assaulted or exploited, sexually or physically abused a minor or developmentally disabled person OR to have financially exploited or abused a vulnerable adult?
 Yes No

4. MEDICARE-MEDICAID/HEALTHCARE RELATED CRIMES
 Have you ever been convicted of any crime related to the delivery of service under Medicare/Medicaid or any state or federal healthcare program, or convicted of any crime connected with the delivery of a healthcare item or service?
 Yes No

Have you ever been judged liable for civil monetary penalties for conduct related to the delivery of services, supplies or other participation in Medicare/Medicaid or any other state or federal healthcare program?
 Yes No

Have you ever been excluded from providing services or supplies under Medicare, Medicaid or any other federal funded healthcare program?
 Yes No

5. For all items checked yes in 1,2, 3 and 4 above, specify the conviction or actions date(s), sentence(s) or penalty(ies), imposed, prison release dates(s) and current standing (e.g., parole, work release). For all items with an asterisk (*) above, provide a description of the victim including the victim's age. Attach additional page(s) if needed.

6. GENERAL CONVICTION INFORMATION:
 Aside from those crimes listed above, within the past 10 years have you ever been charged, convicted of, or released from prison for any crimes, excluding parking tickets/traffic citations?
 Yes No **If, Yes,** indicate all conviction dates, prison release date(s) and the nature of the offense(s).

You will not be considered for employment if you do not complete and sign this form.
 I certify that the information contained in my resume, other application-related materials, and the above-stated information is true, correct, and complete to the best of my knowledge. I understand that consideration for employment and the continuation of subsequent employment depend on true, accurate and complete representation of these facts as stated or implied in all application-related materials. I authorize PeaceHealth to make inquiries regarding my education, work experience, references, unless otherwise stated, any criminal conviction history. I understand that any job offer or subsequent employment may be conditioned on the receipt of a satisfactory Criminal Conviction Report from the Washington State Patrol or other law-enforcement related agencies.

Signature _____ Date _____

Para informacion en español, visite www.ftc.gov/credit o escribe a la FTC Consumer Response Center, Room 130-A 600 Pennsylvania Ave., N.W., Washington, DC 20580

A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to www.ftc.gov/credit or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, DC 20580.**

You must be told if information in your file has been used against you. Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.

You have the right to know what is in your file. You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:

a person has taken adverse action against you because of information in your credit report;

you are the victim of identity theft and place a fraud alert in your file;

your file contains inaccurate information as a result of fraud;

you are on public assistance;

you are unemployed but expect to apply for employment within 60 days.

In addition, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.ftc.gov/credit for additional information.

You have the right to ask for a credit score. Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.

You have the right to dispute incomplete or inaccurate information. If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.ftc.gov/credit for an explanation of dispute procedures.

Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information. Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer agency may continue to report information it has verified as accurate.

Consumer reporting agencies may not report outdated negative information. In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.

Access to your file is limited. A consumer reporting agency may provide information about you only to people

with a valid need – usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.

You must give your consent for reports to be provided to employers. A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.ftc.gov/credit.

You may limit “prescreened” offers of credit and insurance you get based on information in your credit report. Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-567-8688.

You may seek damages from violators. If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.

Identity theft victims and active duty military personnel have additional rights. For more information, visit www.ftc.gov/credit.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. Federal enforcers are:

TYPE OF BUSINESS:	PLEASE CONTACT:
Consumer reporting agencies, creditors and others not listed below	Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 1-877-382-4357
National banks, federal branches/agencies of foreign banks (word “National” or initials “N.A.” appear in or after bank’s name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 202-452-3693
Savings associations and federally chartered savings banks (word “Federal” or initials “F.S.B.” appear in federal institution’s name)	Office of Thrift Supervision Consumer Complaints Washington, DC 20552 800-842-6929
Federal credit unions (words “Federal Credit Union” appear in institution’s name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-519-4600
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Consumer Response Center 2345 Grand Avenue, Suite 100 Kansas City, MO 64108-2638 1-877-275-3342
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation, Office of Financial Management Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator- GIPSA Washington, DC 20250 202-720-7051

By this Authorization for Release of Information and for the Procurement of a Consumer or Investigative Consumer Report, I hereby forever release, discharge, exonerate, hold harmless and indemnify PeaceHealth, its employees, representatives, agents, and subcontractors, and any other person, entity, organization or institution furnishing information to them from any and all liabilities of every nature and kind, including but not limited to claims for libel, slander, invasion of privacy, related tort claims, misuse of information obtained from Washington State Patrol or other law enforcement related agencies, and any other claim or cause of action arising out of the furnishing, inspection or copying of any documents, files, records, and other information, or the investigation made by or on behalf of PEACEHEALTH, unless such release is determined to violate the public policy of the state or federal district in which this contract is executed, and in that event this release will be permitted to the maximum extent allowed by the governing law.

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**CONSUMER DISCLOSURE
AND AUTHORIZATION FORM**

To Be Completed by Applicant

Last Name		First		Middle	
Social Security No. (required)		Date of Birth		Driver's License	
Physical Address (P.O. Boxes not accepted)					
City/State/Zip					
Prior Addresses			From	To	
Email Address			Phone		
Applicant's Signature			Date		

All this information is required to complete the background check.

This information will be used only for background screening purposes and will not be taken into consideration in any employment decisions.

Para información en español, visite www.consumerfinance.gov/learnmore o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington DC 20552.

**In an effort to save printing costs for potential volunteers, a complete list of disclosures is available to print or review online.
These documents are also available at the Volunteer Services office at PeaceHealth Southwest Medical Center.**