Dear Potential Volunteer,

Volunteers enhance service excellence, provide support to staff, and lift the spirits of patients and visitors throughout Harrison Medical Center. Volunteers from the age of 14 to over 90 serve to further our mission of making a positive difference in people's lives through exceptional health care. During 2011, in-hospital volunteers are expected to contribute approximately 37,000 hours of service. We welcome your interest in volunteering:

VOLUNTEER COMMITMENT

In-hospital volunteers commit to serving a minimum of one time a week for six months or for 100 hours. Whenever possible, adult and student schedules are planned around school or other activities. If you are actively job searching for a full-time position, we suggest you not apply to volunteer at this time.

WHO CAN VOLUNTEER

- Adults make up Harrison's core group of volunteers. We match a volunteer's interests and skills with service opportunities that include both patient-contact and other roles.
- Teens over fourteen (14) years of age gain new skills and learn about career options in healthcare (minors will need a parent or guardian's permission).
- College students volunteer to gain work experience in their fields of interest. We match students to a project or position which meets their goals and fulfills school requirements. Students from schools that have formal internship contracts with Harrison should contact the Human Resources Department at (360) 744-6940.

THE PROCESS OF BECOMING A VOLUNTEER

- Return the enclosed volunteer application to the address provided. Note that it is to be delivered to "Volunteer Resources."
- Once an application is received, applicants are invited to a brief information meeting to find out more about service options.
- Volunteers may be put on a waiting list if service areas of interest are not available.
- The process of running background checks and completing immunizations may take 3-4 weeks.
- Orientations and tours are provided for new volunteers.

SUPPORT FOR VOLUNTEERS

- Immunizations are provided for free through Employee Health (minors will need a parent or guardian's permission).
- Volunteer apparel is provided for free by the hospital.
- The hospital sponsors an annual Safety Newsletter and ongoing education for staff and volunteers.
- Harrison recognizes its volunteers during National Volunteer Week and honors volunteers through a variety of activities.

CONTACT INFORMATION

- E-mail pamela.deaton@harrisonmedical.org or nora.bopp@harrisonmedical.org
- Adult volunteers, teen and college students: (360) 744-6570
- Gift Shop volunteers (Auxiliary membership required): (360) 744-6599
- Mail your completed application to:

Harrison Medical Center
Volunteer Resources
2520 Cherry Avenue
Bremerton, WA 98310

Thank you for applying to be part of Harrison's volunteer program. We look forward to serving you.

Sincerely,
Nora Bopp, CAVS
Volunteer Resources Manager

"We make a positive difference in people's lives through exceptional health care."

VOLUNTEER APPLICATION

HARRISON MEDICAL CENTER

PERSONAL INFORMATION (Please print or type form)

Last Name	First Name	Middle Initial

Preferred Title	Date of Birth
☐ Mr. ☐ Ms. ☐ Mrs. ☐ Other:	/ /

ADDRESS & CONTACT INFORMATION

Mailing Address		
City	State	Zip

Home ☐	Work ☐	Cell ☐	Other ☐

Email	Fax

EMERGENCY CONTACT INFORMATION

Your Physician's Name and/or Office	Phone Number

Name & Relationship (i.e. friend, son, mother, guardian, etc.)	Phone Number	Alternate Phone Number

SPECIAL NEEDS OR LIMITATIONS

Do you have any limitations or special needs which need accommodations?

☐ No ☐ Yes (If so, please describe):

HISTORICAL INFORMATION

Have you ever volunteered at or been a Harrison employee? ☐ No ☐ Yes (If so, list title and dates):

Do you have family members employed at Harrison? ☐ No ☐ Yes (If so, list location and department):

The information provided on this application is true and complete to the best of my knowledge. I understand that my placement as an in-hospital volunteer is contingent upon acceptance by the Volunteer Resources Department based upon a personal interview and available position, satisfactory references and background check(s) for criminal history based upon the following as appropriate: a satisfactory National and/or WA State Patrol background check in accordance with all state and federal laws, a completed Child and Adult Abuse Disclosure Statement, and attendance at a Volunteer Orientation including completion of compliance forms and trainings. I understand I will not be paid for any volunteer services provided.

SIGNATURE

Applicant Signature Date

Parent/Guardian Signature (if applicant is under 18 years of age) Date

☐ Comments

☐ Info/Interview

FOR OFFICE USE ONLY

SKILLS, INTERESTS, & EXPERIENCE

Current or previous work experience & dates	How Long?
List any special skills or hobbies	Referred by:
Do you have previous volunteer experience? ☐ No ☐ Yes (If so, list organization and duties performed):	

STUDENTS (If you are a student, please complete this section; if not skip to next section)

Please tell us what type of student you are? ☐ Junior High School ☐ High School ☐ College ☐ Other:

Will you be volunteering to: ☐ Meet requirements/credits ☐ General experience

Where do you go to school? List activities:

VOLUNTEER INTERESTS

Please check any areas that are of interest to you as a volunteer:

☐ Clerical / Administrative ☐ Patient Escort / Hospitality ☐ Gift Shop / Cashiering

☐ Clinical Support ☐ Harrison Foundation Events ☐ Projects

☐ Other (Please tell us about particular areas of interest):

Please check which campus you prefer:

☐ Belfair ☐ Bremerton ☐ Port Orchard ☐ Poulsbo ☐ Silverdale

AVAILABILITY (We require a six month commitment of at least one 4 hour shift per week or 100 hours of service.)

Indicate your intended time commitment as a Harrison volunteer:

☐ One shift per week (2-4 hours) ☐ Two shifts per week (4-8 hours) ☐ Other:

Indicate your general availability for volunteering at Harrison:

☐ Year-round ☐ Summer Only ☐ Event Only ☐ Other:

Indicate the days(s) of the week that work well for you:

☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday ☐ Sunday

Please check the time(s) of the day that work well for you (Please note available hours):

☐ Mornings ☐ Afternoons ☐ Evenings

COMMENTS OR ADDITIONAL INFORMATION

Please list additional information you would like to share about your reasons for applying: