



Dear Volunteer Candidate,

Thank you for your interest in joining a dedicated group of volunteers here at Island Health. Volunteering can be a rewarding, meaningful and enjoyable way to meet new friends. It can be a place where you can learn new skills and offer a valuable gift to your community.

If you would like to speak with some of our volunteers for more information about the volunteering experience at Island Health, please let us know and we will put you in touch with someone who can share a story or two.

Attached is the volunteer application. Please complete and sign the necessary forms and return your application to Johnalee Otten, Volunteer Supervisor. After your application has been received, Johnalee will contact you to set up a time to meet.

If you have any questions about our Volunteer Department or the application process, please call Johnalee at 360-299-1397 or email [Johnalee.otten@islandhospital.org](mailto:Johnalee.otten@islandhospital.org).

Thank you for considering volunteering at Island Health.

Sincerely,

Laura Moroney, MS  
Director of Marketing & Community Relations



For office Use Only:  
Date Rec'd \_\_\_\_\_  
WSP \_\_\_\_\_

## VOLUNTEER APPLICATION

### Applicant Information

Legal Name: \_\_\_\_\_  
*Last First MI*

Preferred First Name: \_\_\_\_\_  
*only if different from legal name*

Mailing Address: \_\_\_\_\_  
*Street Address Apt / Unit #*  
\_\_\_\_\_  
*City State Zip Code*

Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
*Primary Secondary*

Email Address: \_\_\_\_\_

### Emergency Contact

Primary Contact: \_\_\_\_\_  
*Last First Relationship*

Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
*Primary Secondary*

### General Questions & Availability

Do you have any physical limitations or are you under any course of treatment that might limit your ability to perform certain types of work/tasks? (i.e. lifting boxes, pushing wheelchairs, etc.) ?

Yes  No

Please explain: \_\_\_\_\_

Medication (s) allergies: \_\_\_\_\_

Food allergies (to accommodate at luncheons): \_\_\_\_\_

All day shift hours are between 6:00 a.m. – 5:00 p.m.; dependent on position.

Monday     Tuesday     Wednesday     Thursday     Friday

Hours Preferred: \_\_\_\_\_

Please list three non-family references who we might contact (required):

1. \_\_\_\_\_ Phone: \_\_\_\_\_

2. \_\_\_\_\_ Phone: \_\_\_\_\_

3. \_\_\_\_\_ Phone: \_\_\_\_\_

How did you learn about our program?

Neighbor/Volunteer     Saw Advertisement     Volunteer Center

Website     Agency/School

Other \_\_\_\_\_

## Volunteer Skills

As a volunteer you will have the opportunity to offer many of your skills and work in areas of interest to you. To better place you, and to know just what wonderful gifts you have to offer we would like you to fill out this inventory of skills. This information will assist us in placing you in just the right volunteer position.

Skills you have that you would like to share: \_\_\_\_\_

\_\_\_\_\_

Other Volunteer Activities: \_\_\_\_\_

\_\_\_\_\_

Educational/Occupational Background: \_\_\_\_\_

Any other information that may help us to know you and your abilities? \_\_\_\_\_

\_\_\_\_\_

Area/s you are interested in volunteering in \_\_\_\_\_

\_\_\_\_\_

## Professional Licensure

Do you have an active or retiree professional license issued by the WA Department of Health?

Yes  No

If yes, indicate license number and expiration: \_\_\_\_\_

Are there any restrictions on your license?  No  Yes, Explain: \_\_\_\_\_

Have you ever had your professional license revoked, suspended or put on probation?

Yes  No If yes, explain the circumstance:

\_\_\_\_\_

Active Certifications (BLS, ACLS, etc.): \_\_\_\_\_

Have you been previously employed by Island Hospital?

Yes  No If yes, indicate position held and dates of employment:

\_\_\_\_\_

## Read & Sign Acknowledgment

*I certify the information set forth in this application to volunteer is true and complete to the best of my knowledge. I understand that falsified statements on this application or failure to furnish all requested information shall be considered cause for my dismissal.*

*Affiliation with Island Hospital is voluntary and may be discontinued at the Hospital's discretion with or without notice by Island Hospital.*

*I understand to volunteer with Island Hospital that I will be required to complete a disclosure statement and a background check through the Washington State Patrol's criminal identification system. I will also be required to satisfy Island Hospital's immunization requirements, complete volunteer orientation, and abide by established Hospital policy and procedures.*

**Signature:** \_\_\_\_\_

**Name (print):** \_\_\_\_\_

**Date:** \_\_\_\_\_

**For Internal Processing Only**

Date Approved: \_\_\_\_\_

Volunteer Role/Job: \_\_\_\_\_

\_\_\_\_\_ License Verification Completed *(If Applicable)*

\_\_\_\_\_ Background Check Completed

\_\_\_\_\_ Confidentiality Statement Signed

\_\_\_\_\_ Immunizations Verified

\_\_\_\_\_ Orientation Acknowledgement Signed

Orientation Completed Date: \_\_\_\_\_

Verified By (IH Employee): \_\_\_\_\_

Island Hospital has a long standing commitment to the safety and security of our patients, employees and affiliates and as such, we will be conducting a background check that may include the Washington State Patrol's criminal identification system, national background check and/or the Office of the Inspector General's excluded individual / entity database checks.

Pursuant to the requirements of RCW 43.43.830, we must ask you to complete the following disclosure statement. This information will be kept confidential.

**1. Have you ever been convicted of any of the following crimes against children or other persons, or crimes relating to drugs?**

YES	NO		YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	aggravated murder	<input type="checkbox"/>	<input type="checkbox"/>	first or second degree custodial interference
<input type="checkbox"/>	<input type="checkbox"/>	first or second degree murder	<input type="checkbox"/>	<input type="checkbox"/>	first or second degree custodial sexual misconduct
<input type="checkbox"/>	<input type="checkbox"/>	first or second degree kidnapping	<input type="checkbox"/>	<input type="checkbox"/>	malicious harassment
<input type="checkbox"/>	<input type="checkbox"/>	first, second or third degree assault	<input type="checkbox"/>	<input type="checkbox"/>	first, second or third degree child molestation
<input type="checkbox"/>	<input type="checkbox"/>	first, second or third degree assault of a child	<input type="checkbox"/>	<input type="checkbox"/>	first or second degree sexual misconduct with a minor
<input type="checkbox"/>	<input type="checkbox"/>	first, second or third degree rape	<input type="checkbox"/>	<input type="checkbox"/>	patronizing a juvenile prostitute
<input type="checkbox"/>	<input type="checkbox"/>	first, second or third degree rape of a child	<input type="checkbox"/>	<input type="checkbox"/>	child abandonment
<input type="checkbox"/>	<input type="checkbox"/>	first or second degree robbery	<input type="checkbox"/>	<input type="checkbox"/>	promoting pornography
<input type="checkbox"/>	<input type="checkbox"/>	first degree arson	<input type="checkbox"/>	<input type="checkbox"/>	selling or distributing erotic material to a minor
<input type="checkbox"/>	<input type="checkbox"/>	first degree burglary	<input type="checkbox"/>	<input type="checkbox"/>	custodial assault
<input type="checkbox"/>	<input type="checkbox"/>	first or second degree manslaughter	<input type="checkbox"/>	<input type="checkbox"/>	violation of child abuse restraining order
<input type="checkbox"/>	<input type="checkbox"/>	first or second degree extortion	<input type="checkbox"/>	<input type="checkbox"/>	child buying or selling
<input type="checkbox"/>	<input type="checkbox"/>	indecent liberties	<input type="checkbox"/>	<input type="checkbox"/>	prostitution
<input type="checkbox"/>	<input type="checkbox"/>	incest	<input type="checkbox"/>	<input type="checkbox"/>	felony indecent exposure
<input type="checkbox"/>	<input type="checkbox"/>	vehicular homicide	<input type="checkbox"/>	<input type="checkbox"/>	criminal abandonment
<input type="checkbox"/>	<input type="checkbox"/>	first degree promoting prostitution	<input type="checkbox"/>	<input type="checkbox"/>	manufacturing a controlled substance
<input type="checkbox"/>	<input type="checkbox"/>	communication with a minor	<input type="checkbox"/>	<input type="checkbox"/>	delivery of a controlled substance
<input type="checkbox"/>	<input type="checkbox"/>	unlawful imprisonment	<input type="checkbox"/>	<input type="checkbox"/>	possession of a controlled substance with intent to manufacture or deliver
<input type="checkbox"/>	<input type="checkbox"/>	simple or fourth degree assault	<input type="checkbox"/>	<input type="checkbox"/>	or any of these crimes as they may have been renamed
<input type="checkbox"/>	<input type="checkbox"/>	sexual exploitation of minors			
<input type="checkbox"/>	<input type="checkbox"/>	first or second degree criminal mistreatment			
<input type="checkbox"/>	<input type="checkbox"/>	endangerment with a controlled substance			
<input type="checkbox"/>	<input type="checkbox"/>	child abuse or neglect (RCW 26.44.02)			

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:

**2. Have you ever been convicted of any of the following crimes relating to financial exploitation if the victim was a vulnerable adult:**

*Per RCW 43.43.830, a vulnerable adult is defined as an adult: (a) of any age who lacks the functional, mental, or physical ability to care for themselves, or (b) found incapacitated under chapter 11.88 RCW; or (c) who has developmental disability as defined under RCW 71A.10.020; or (d) admitted to any facility as defined under RCW 74.34.020; or (e) receiving services from home health, hospice, or home care agencies licensed or required to be licensed under chapter 70.127RCW.*

YES	NO		YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	first, second or third degree extortion	<input type="checkbox"/>	<input type="checkbox"/>	forgery
<input type="checkbox"/>	<input type="checkbox"/>	first, second or third degree theft	<input type="checkbox"/>	<input type="checkbox"/>	any of these crimes as they may have been renamed
<input type="checkbox"/>	<input type="checkbox"/>	first or second degree robbery			



# Disclosure Statement

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:

---

3. Have you ever been convicted of any crime relating to obstruction of an investigation, fraud, theft, embezzlement, breach of fiduciary responsibility, or other financial misconduct? YES \_\_\_\_ NO \_\_\_\_

If your answer is "yes", please describe and provide the date(s) of the conviction(s) and the sentence(s) imposed:

---

4. Have you ever had an agency or a court make a finding against you in a civil adjudication proceeding that you committed any of the following acts against a child or vulnerable adult?

YES	NO		YES	NO	
____	____	domestic abuse	____	____	abuse
____	____	sexual abuse	____	____	neglect
____	____	exploitation	____	____	financial exploitation

If your answer is "yes" to any of the questions about civil adjudications, provide the type of proceeding, the names of the parties involved, the date(s) of the finding (s), and explain the details of any findings and penalties/restrictions imposed. Attach additional pages if necessary.

---

---

---

5. Have you ever been convicted of any other crimes in addition to the ones listed above? YES \_\_\_\_ NO \_\_\_\_

If "yes", indicate the crime and provide the city, state and court where you were convicted, the date(s) of the conviction(s), the sentence (s) imposed, and if you served time in prison or jail, the date of your release. Attach additional pages if necessary.

---

---

---

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. YOUR AFFILIATION WILL BE CONDITIONED UPON THE SATISFACTORY OUTCOME OF BACKGROUND CHECKS AS DESCRIBED.

UNDER PENALTY OF PERJURY, I certify that the above information is true, correct and complete. I understand that if I am accepted into an affiliation, I can be discharged for any misrepresentation or omission in the above statement.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
Maiden Name / Other Names Used

\_\_\_\_\_  
Date of Birth

Title:	Disclosure Statement	Version Effective Date:	02/25/2021
Document Owner:	Human Resources	Page	2 of 2
<i>Printed copies are for reference only. Please refer to the electronic copy for the latest version</i>			