

Volunteer Services

How to Apply

Becoming a volunteer

We invite you to join our team! To pursue a volunteer position at Providence, you will need to complete the following steps:

- Complete the application, in its entirety, and return it to the campus of your choice (see application for details).
- Once we receive your application, you will be contacted to schedule an interview.
- Please allow about 30-45 minutes for the interview and bring photo identification with you. We will work with you to find a position that is right for you.
- If a position is identified, you will be invited to a volunteer orientation, held once a month (usually the first Thursday of the month from 8:30 - 11:30 a.m.). At this time, your photo will be taken for your identification badge.
- Pass a criminal background check (typically takes several business days to process).
- Once you pass your background check, you will be contacted to schedule department-specific training. On your first day, you will receive your training materials and identification badge. Training will be completed with someone from your assigned department.

Apply today!

The application is available online for download, or call us and we will mail one to you.

Requirements

- Must be at least 16 years old (excludes some services which require volunteers to be at least 18 years old).
- Must be willing to commit to a minimum of one shift per week (typically 3-4 hours) for at least six months.
- Must complete an application, interview and attend an orientation.
- Must pass a criminal background check.
- Immunizations and/or records may be required.

Training

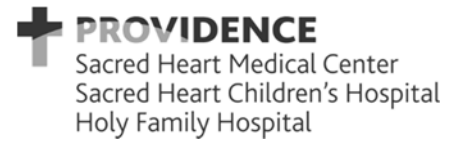
Each volunteer must attend an orientation, as well as successfully complete department-specific training within a specified timeframe.

Dress Code

In general, clothing and footwear must be professional in appearance and appropriate for your position and setting. Your campus and/or department policies may supersede the following:

- Shirts must be in a solid color or formal pattern of navy, white or orange. Casual tee shirts and sweatshirts are not allowed.
- Pants must be a solid, neutral-color, e.g., khaki, white, gray, black or navy. Jeans, leggings and shorts are not allowed.

Volunteer Application



Once complete, return by mail or email to your preferred location:

Providence Sacred Heart Medical Center & Children's Hospital -OR- **Providence Holy Family Hospital**
 VOLUNTEER SERVICES
 VOLUNTEER SERVICES
 5633 North Lidgerwood Street
 Spokane, WA 99208
 509.482.2233
 Johanna.Bakker@providence.org
 PO Box 2555
 Spokane, WA 99220
 509.474.3166
 Brenda.Johnson@providence.org

IDENTIFICATION:

Last Name	First Name			Middle Initial	First Name You Prefer
Street Address	Apt	City	State	Zip Code	Cell Phone Number
Email Address					Home Phone Number

You must be at least 16 years old to volunteer. Are you at least 16 years old? YES NO

PHOTO IDENTIFICATION VERIFICATION (TO BE COMPLETED BY VOLUNTEER SERVICES STAFF ONLY)

Document Title: _____ Number: _____ Expiration Date: _____
 I attest that I have examined the document presented by the above-named applicant. The above-listed document appears to be genuine and to relate to the applicant named. Signature: _____ Date: _____

EDUCATION AND WORK EXPERIENCE: Please circle the last grade completed.

High School	Graduation Date	College	Graduation Date	Occupation
9 10 11 12		1 2 3 4 5+		

If in high school, are you volunteering through a school program? NO YES | If YES, which one?

FACILITY AND AREA(S) OF INTEREST: Please select the one location where you are most interested in volunteering and then, if applicable, select your area(s) of interest for that location. **Depending on role, some age restrictions may apply.*

<input type="checkbox"/> Providence Sacred Heart Medical Center & Children's Hospital (downtown location) <input type="checkbox"/> Children's Services* <input type="checkbox"/> Clinical Services <input type="checkbox"/> Emergency Services* <input type="checkbox"/> Family Services <input type="checkbox"/> Gift Shop <input type="checkbox"/> Music <input type="checkbox"/> Other:	<input type="checkbox"/> Providence Holy Family Hospital (north location) <input type="checkbox"/> Clinical Services* <input type="checkbox"/> Emergency Services* <input type="checkbox"/> Family Services <input type="checkbox"/> Other:	<input type="checkbox"/> Providence Medical Park (Valley location) Return application to Sacred Heart <input type="checkbox"/> Hospitality Greeter
	<input type="checkbox"/> Providence Urgent Care Hawthorne (north location) Return application to Holy Family	<input type="checkbox"/> Providence Urgent Care 5th & Division (downtown location) Return application to Sacred Heart

AVAILABILITY: Please indicate the days/times you are available to volunteer.

	Sun	Mon	Tue	Wed	Thu	Fri	Sat
AM							
PM							

Comments regarding your availability:

EMERGENCY CONTACT:

Last Name	First Name	Relationship to You
Cell Phone Number	Home Phone Number	Work Phone Number

1. Why are you interested in volunteering with us?

2. Please list any skills or experiences you have that you think might benefit our patients and/or staff.

3. In addition to the above, what else would you like us to know about you?

4. In order to be most effective and successful, volunteers must be consistent. Therefore, we require a minimum six-month commitment of one shift a week (generally three to four hours in length). Can you meet this requirement?

YES NO If NO, please explain: _____

5. Are you required to volunteer? YES NO

If YES, why, what are the requirements and when (month/year) do you need to meet them?

6. Have you ever volunteered before? YES NO

If YES, where, in what capacity, for how long and what was your reason for leaving?

VOLUNTEER AGREEMENT

I certify that the information provided in this application is complete and accurate to the best of my knowledge. If accepted as a volunteer, I must abide by all Providence policies and procedures, including holding patient information in strict confidence. Failure to comply with these requirements may result in immediate dismissal. Additionally, I am not entitled to and will not receive any compensation, salary, benefits or other payments in exchange for my service.

By my signature below, I certify that I carefully read, understand and agree to the conditions of this Agreement.

Applicant Signature: _____ Date: _____

**PARENT/LEGAL GUARDIAN AGREEMENT & AUTHORIZATION
For 16- and 17-year old applicants only**

As the parent/guardian of _____, I give permission for his/her participation in the volunteer program through Providence. My child can meet the minimum six-month commitment of one shift per week. Placement is contingent upon successful completion of an in-person interview, orientation and criminal background check. Additionally, during my child's volunteer shift, I will be available via phone in the event of an emergency.

By my signature below, I certify that I carefully read, understand and agree to the conditions of this Agreement.

Parent/Legal Guardian Signature: _____ Date: _____

Parent/Legal Guardian Name: _____ Phone Number(s): _____

In addition to the **EMERGENCY CONTACT** listed on page 1, please provide an additional emergency contact:

Last Name	First Name	Relationship to Your Child
Cell Phone Number	Home Phone Number	Work Phone Number