Dear Potential Volunteer,

Thank you for your interest in Harborview Medical Center’s Volunteer Program. Harborview is dedicated to providing exemplary patient & family centered care, research, teaching and community service. Volunteers are important members of the HMC Team. Each year more than 400 individuals volunteer throughout the hospital.

In this packet you will find Frequently Asked Questions about our volunteer program, and four forms that must be completed in order to apply. In order for your application to be accepted and reviewed, all of the following must be submitted together at one time:

1. The Application Form, Conviction/Criminal History Information Form, and both Reference Forms included in this packet, filled out in full.

2. A Personal Statement explaining why you are interested in volunteering at Harborview Medical Center. The Personal Statement must be typed, no less than 250 words and no more than 500 words.

3. A clear photocopy of a government issued ID, such as a driver’s license, passport, or social security card.

Please submit your completed application either by hand or by mail to the Volunteer office at the address above. We cannot accept faxed or scanned applications. Please keep all reference forms and personal statements out of sealed envelopes. Please do not include additional reference letters or resumes.

We look forward to reviewing your application and thank you for your interest in volunteering.

Sincerely,

The Department of Volunteer and Community Services

Please see attached documents.
FREQUENTLY ASKED QUESTIONS

What is the time commitment for volunteering?
The minimum time commitment is 4 hours a week for 6 months. You must be able to commit to volunteering on a weekly basis at a scheduled time.

How old do I have to be to volunteer?
The minimum age is 16, although there are higher age restrictions in some clinical departments.

What is the process for becoming a volunteer?
• Upon reviewing your availability and interests you will be contacted to schedule an interview within two weeks.
• After your references are checked and you have successfully completed the interview, you may be scheduled for the next available orientation.
• You will receive your placement after volunteer orientation. Your background check will be processed at this time.

Where should I park for my interview?
Park in the ‘View Park (P1) Parking Garage,’ which is located on 8th Avenue. We will NOT be able to validate your parking. There are also King County Metro buses that stop at HMC and the UW Health Sciences Express.

How long does it take to become a volunteer?
It takes approximately six weeks to become a volunteer.

How long will the interview take?
Approximately 15-20 minutes.

How often is Volunteer Orientation?
Volunteer Orientation takes place once a month. It is under two hours long.

Am I required to include my Social Security Number on the Criminal History Form?
Yes. We need your SSN in order to run your background check. Volunteer Services takes the privacy and information security of our applicants very seriously.

Is there a dress code for volunteering?
Yes. We ask our volunteers to assume a business casual dress code, or that they wear the provided volunteer scrubs if applicable.

Can I volunteer for only the summer?
No. We require our volunteers to commit to a minimum of six months of service.

Will I be able to shadow a doctor?
Do you have research positions available?
Does Harborview offer internships and/or externships?
No. Physician observation experiences are not offered, nor do we offer internships, externships, or research positions.

If I volunteer will I get a job at the hospital?
Volunteering at the hospital does not guarantee employment at Harborview.

How long do you keep applications?
If you do not complete the process within three months your application will be discarded.

I've attended orientation – what's next?
Orientation is a two-step process. Once the competency quizzes and TB results are completed and your background check is approved, you are ready to be assigned a department and schedule by Volunteer Services.

Can I continue volunteering beyond my 6 month commitment?
Of course! You will be kept on the volunteer schedule until you resign. When you resign, make sure to return your badge to the Volunteer Office.

Where can I volunteer?
Please refer to our online Volunteer Opportunity Directory at: http://www.volgistics.com/ex/portal.dll/OD?FROM=1747 (also posted on our website) for a list of commonly available departments. Common departments include the Information Desks, Patient and Family Liaison Department, Emergency Department, and Resource Center. Please keep in mind that we cannot guarantee you a position in any given department.
VOLUNTEER APPLICATION FORM

The volunteer program requires a six month commitment of four hours per week. All applicants must be 16 years old or older.

☐ AGE : I am under 18 years old.       ☐ AGE : I am over 18 years old.

PERSONAL INFORMATION

<table>
<thead>
<tr>
<th>Last name</th>
<th>First name</th>
<th>Middle initial</th>
<th>Day Phone</th>
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<tbody>
<tr>
<td>Current address</td>
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<td>Apt/Unit/Ste</td>
<td>Cell Phone</td>
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<tr>
<td>City</td>
<td>State</td>
<td>Zip code</td>
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<td>Email address</td>
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</table>

Have you ever volunteered at Harborview?    Yes or No (circle one) If ‘Yes,’ in what capacity?

Have you ever been employed by Harborview? Yes or No (circle one) If ‘Yes,’ in what capacity?

Have you ever been a patient at Harborview? Yes or No (circle one)

CURRENT EMPLOYMENT

<table>
<thead>
<tr>
<th>Name of Business</th>
<th>Address</th>
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<tbody>
<tr>
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<td>Phone</td>
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<tr>
<td>Job Title</td>
<td>Dates of Employment</td>
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EDUCATION

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<th>SCHOOL NAME</th>
<th>CITY / STATE / COUNTRY</th>
<th>DATES ATTENDED</th>
<th>DEGREE / CERTIFICATION</th>
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<td>Graduate School</td>
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<td>Vocational / Other</td>
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VOLUNTEER EXPERIENCE

<table>
<thead>
<tr>
<th>Volunteer Program Name</th>
<th>Types of Duties Performed</th>
<th>Dates</th>
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</table>
How did you learn about the Volunteer Program at Harborview Medical Center?

AVAILABILITY
In order to be most effective and successful, volunteers must be consistent. Therefore, we require a weekly commitment of four hours a week for six months, and ask that you postpone volunteering until that becomes available to you.
Please check the days and time that you are available to volunteer.

<table>
<thead>
<tr>
<th>DAY</th>
<th>MORNING</th>
<th>AFTERNOON</th>
<th>EVENING</th>
<th>NIGHT</th>
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<tbody>
<tr>
<td>MONDAY</td>
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<tr>
<td>TUESDAY</td>
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<tr>
<td>WEDNESDAY</td>
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<td>THURSDAY</td>
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<td>SATURDAY</td>
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<tr>
<td>SUNDAY</td>
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</table>

SKILLS
Please check the skills that could be of use in your volunteer position.

☐ Accounting / Finance ☐ Administrative ☐ Board Development
☐ Customer Service ☐ Database Management ☐ Event Planning
☐ Fund Raising ☐ Grant Writing ☐ Graphic design
☐ Leadership ☐ EMT ☐ Microsoft Access
☐ Microsoft Excel ☐ Microsoft PowerPoint ☐ Microsoft Word
☐ Multilingual Skills ☐ CNA or RN certification ☐ Experience in a healthcare setting

INTERESTS
List volunteer opportunities that are of interest to you (opportunities are listed in the online Opportunity Directory and on the FAQ page):

1. __________________________  2. __________________________  3. __________________________

AGREEMENT
I certify that the information contained in this application is true, correct and complete to the best of my knowledge. I understand that the consideration of this application and the continuation of any subsequent volunteer placement depend upon the true and accurate representation of the facts as stated or implied herein. In addition, I hereby authorize Harborview Medical Center to make inquiries regarding my education, work, experiences and references, unless otherwise stated. I hereby release to the fullest extent allowed by law all parties and persons associated with such inquiries from liability in connection with information they request or give.

The undersigned acknowledges and agrees that he/she is not obligated if called upon to perform the volunteer services herein applied for and that Harborview Medical Center is not obligated upon to assign, or actively seek to assign him/her a volunteer placement.

If accepted as a volunteer, the undersigned agrees to abide by the policies rules and regulations of UW Medicine, Harborview Medical Center and the Volunteer Services Department.

Signature: ________________________________________________ Date: ____________________
VOLUNTEER SERVICES PERSONAL REFERENCE FORM

Applicant’s Name: ________________________________________________

This reference form must be completed by someone who is familiar with the skills you have identified. They may NOT be an immediate family member. This person may be a teacher, supervisor, co-worker, neighbor, classmate, friend, etc. We may contact this person for additional information.

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<tr>
<th></th>
<th>Always</th>
<th>Sometimes</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dependability &amp; Reliability</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Follows through on commitments</td>
<td></td>
<td></td>
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<tr>
<td>Problem solving skills</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
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<tr>
<td>Communication skills</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<tr>
<td>Evidence of good verbal and written skills</td>
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<tr>
<td>Customer service skills</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<tr>
<td>Adapts to change</td>
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</tr>
<tr>
<td>Diversity</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Able to interact with diverse populations of people and cultural backgrounds</td>
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</tbody>
</table>

In what capacity have you known this applicant? ____________________________________________

How long have you known this applicant? ________________________________________________

What attributes does this applicant possess that would make him/her an excellent volunteer?
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
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____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Signature: __________________________________________ Date: __________

Print Name: ________________________________________________________________

Phone Number: __________________________ Email: ________________________________

Please return this form to the applicant to submit with his/her completed application.
VOLUNTEER SERVICES PROFESSIONAL REFERENCE FORM

Applicant’s Name: ________________________________________________

This reference form must be completed by someone who is familiar with your professional skills. They may NOT be an immediate family member. This person may be a teacher, supervisor, co-worker, or anyone else who knows you on a PROFESSIONAL basis. We may contact this person for additional information.

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____________________________________________________________________________________

Signature: ____________________________________________ Date: __________

Print Name: ________________________________________________

Phone Number: __________________________ Email: __________________________

Please return this form to the applicant to submit with his/her completed application.
When considering individuals for University 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 University employees, students, patients, the public and University property. Additionally, the Washington State Child and Adult Abuse Information Law (RCW 43.48.830-.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 and 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 the 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. Questions about the use of conviction/criminal history information in the application process may be referred to the University office issuing this form, or to Recruiting and Employment Services (206-543-2544), or University Temporary Services (206-543-2544).

1. CRIMES AGAINST PERSONS AND CRIMES RELATING TO FINANCIAL EXPLOITATION:

Have you ever been convicted of any of the crimes listed below?

- [ ] Yes
- [ ] No

If Yes, check all that apply and describe in the box below.

- Arson (1st degree)
- Assault, Custodial
- Assault, Simple (or 4th Degree Assault)
- Assault (1st/2nd/3rd Degree)
- Assault of a Child (1st/2nd/3rd Degree)
- Burglary (1st Degree)
- Child Abandonment
- Child Abuse or Neglect (RCW 26.44.020)
- Child Molestation (1st, 2nd, 3rd Degree)
- Communication with a Minor
- Criminal Abandonment
- Criminal Misdemeanor (1st/2nd Degree)
- Custodial Interference (1st/2nd Degree)
- Extortion (1st/2nd/3rd Degree)
- Forgery*
- Incest
- Indecent Exposure - Felony
- Indecent Liberties
- Kidnapping (1st/2nd Degree)
- Malicious Harassment
- Murder, Aggravated
- Murder (1st/2nd Degree)
- Patronizing a Juvenile Prostitute
- Promoting Pornography
- Promoting Prostitution (1st Degree)
- Prostitution
- Robbery (1st/2nd Degree)
- Rape (1st/2nd/3rd Degree)
- Rape of a Child (1st/2nd/3rd Degree)
- Selling/Distributing Erotic Material to a Minor
- Sexual Exploitation of a Minor
- Sexual Misconduct with a Minor (1st/2nd Degree)
- Theft (1st/2nd/3rd Degree*)
- Unlawful Imprisonment
- Vehicular Homicide
- Violation of Child Abuse Restraining Order

* SEE PART 5 BELOW.

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 ever 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 in 1, 2, 3 and 4 above, specify the conviction or action date(s), sentence(s) or penalty/penalties, imposed, prison release date(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 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.

SIGNATURE

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 the University of Washington to make inquiries regarding my education, work experience, references, unless otherwise stated, and criminal conviction history. I understand that any job offer or subsequent employment may be conditioned on the University’s receipt of a satisfactory Criminal Conviction Report from the Washington State Patrol or other law-enforcement related agency.

Signature

Date