



Thank you for your interest in volunteering. Please complete all parts of this application then review the submitting instructions on page 3. You will be contacted when a match becomes available.

**CONTACT INFORMATION**

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

Name: \_\_\_\_\_  
*Last First Middle Name*

Street Address: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home: \_\_\_\_\_  Check if OK to text message

Cell: \_\_\_\_\_ Email: \_\_\_\_\_

What motivates you to volunteer at Providence Newberg Medical Center? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Where did you hear about Volunteer Program at PNMC? \_\_\_\_\_

**PERSONAL PROFILE**

Adult Program  Student Program: Graduation Year: \_\_\_\_\_ High School: \_\_\_\_\_

Birth date: \_\_\_\_\_ How long have you lived in Oregon \_\_\_\_\_ (month) \_\_\_\_\_ (year)

**AVAILABILITY**

Indicate the days and times you are available to volunteer, check all that apply. Not all assignments are open on the weekend.

	Sun/Time	Mon/Time	Tue/Time	Wed/Time	Thurs/Time	Fri/Time	Sat/Time
Morning	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
Afternoon	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____

Can you start at 7 a.m.  Yes  No | Can you start at 9 a.m.  Yes  No | Can you start at 3:30 p.m.  Yes  No

Are you available for special project?

Are there specific days, weeks or months that you are **not available** to volunteer? \_\_\_\_\_  
\_\_\_\_\_

**REFERENCES**

Please include two who are not related to you.

Reference: \_\_\_\_\_  
*Name Phone & Email Relationship*

Reference: \_\_\_\_\_  
*Name Phone & Email Relationship*

Please check the boxes below for areas that you're interested in and would like more information:

**Medical Center Volunteer Opportunities:**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Front Desk Ambassador       | <input type="checkbox"/> Oncology Clinic            | <input type="checkbox"/> Special Projects                  |
| <input type="checkbox"/> Blood Drives (Quarterly)    | <input type="checkbox"/> Pet Visitor Volunteer      | <input type="checkbox"/> Mail Courier __ am __ pm          |
| <input type="checkbox"/> Blood Pressure Clinic       | <input type="checkbox"/> Gift Shop Customer Service | <input type="checkbox"/> Volunteer Office Support          |
| <input type="checkbox"/> Emergency Dept. Re-stocking | <input type="checkbox"/> Outpatient Rehab           | <input type="checkbox"/> Other _____                       |
| <input type="checkbox"/> Med/Surg Dept. Re-stocking  | __ Newberg __ Sherwood                              | <input type="checkbox"/> Open to other options / Undecided |
| <input type="checkbox"/> Groundskeeper Ambassador    |   |  |

Please select your top three areas of interest from opportunities lists above:

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

What skills would you like to utilize in a volunteer position?

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**OCCUPATION / EDUCATION / TRAINING (If applicable):**

Present or Past Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Other Skills / Responsibilities: \_\_\_\_\_

Education / Course of Study: \_\_\_\_\_ Current Student?  Yes  No

High School Name: \_\_\_\_\_ Class Year: \_\_\_\_\_

College/University Name: \_\_\_\_\_ Class Year: \_\_\_\_\_

Special Training / Other Certification: \_\_\_\_\_

What language(s) do you speak? \_\_\_\_\_

Have you volunteered before? \_\_\_\_\_ Organization(s): \_\_\_\_\_

Briefly describe other volunteer experience(s): \_\_\_\_\_

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**EMERGENCY CONTACT (This must be completed upon completion of application)**

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## CRIMINAL HISTORY

Within the last seven years, have you ever been convicted of a criminal offense (other than a minor traffic violation) after your 18th birthday? (*Conviction will not necessarily disqualify an applicant; consideration will be given to the nature and timing of the crime in relation to the position.*)  Yes  No

**If yes, please explain:** \_\_\_\_\_

Are there any currently pending and/or unresolved criminal charges?  Yes  No

**If yes, please explain:** \_\_\_\_\_

### If applicant under 18 years of age please complete the following section.

*I understand my child has made a commitment of six months to volunteer through Providence Newberg Medical Center. I give permission for my child to be given a TB test, which is required by state law and provided by Providence Health and Services. If they are not driving, I know I will need to provide reliable transportation for their assigned volunteer time.*

*In the event I cannot be reached, I give permission for necessary emergency treatment to be given to my child in case of illness or injury.*

## PARENT/LEGAL GUARDIAN SIGNATURE

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

## CONFIDENTIALITY AND COMMITMENT

*To be considered for any volunteer position the minimum commitment is six months of service and/or 100 hours of service. I hereby agree to abide by the volunteer policies, hospital rules and regulations, and to uphold patient confidentiality as I fulfill my role as a volunteer. I understand and confirm my willingness to fulfill the commitment for my volunteer assignment within the best of my ability. I certify that the above information is true, accurate and complete.*

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

### Questions?

Contact Lisa Salmons, Volunteer Services Manager at **503-537-1494**.

### **INSTRUCTIONS: Please complete and deliver, mail or email as a single file PDF to:**

**Medical Center Volunteer Opportunities to:** 1001 Providence Dr. Newberg, OR 97132 or email to

[Lisa.Salmons@Providence.org](mailto:Lisa.Salmons@Providence.org)

#### Information below is for internal Use:

Reviewed Date: \_\_\_\_\_  Follow up Date: \_\_\_\_\_  Scan to Apps : Yes \_\_\_ No \_\_\_

Add to Volgistics as Prospect Assignment Match: \_\_\_\_\_ Day/Time: \_\_\_\_\_

Interview Date: \_\_\_\_\_  Orientation Date: \_\_\_\_\_  Estimated Active date: \_\_\_\_\_