



*PROVIDENCE NEWBERG COMMUNITY CONNECTIONS
VOLUNTEER APPLICATION

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?

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): _____

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 the Volunteer Services at **503-537-5629**.

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 samantha.gilbertson@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: _____