Dear Volunteer Applicant,

Thank you for your interest in the volunteer program at Shriners Hospitals for Children® – Spokane.

Shriners Hospitals for Children® is a health care system of 22 hospitals dedicated to improving the lives of children by providing pediatric specialty care, innovative research and outstanding teaching programs for medical professionals.

Children up to the age of 18 with orthopaedic conditions, burns, spinal cord injuries and cleft lip and palate are eligible for care and receive all services in a family-centered environment, regardless of the patients’ ability to pay.

Volunteers are able to work in many areas of the hospital and are valued members of our team. If you are at least 18 years of age and can make a six month volunteer commitment, please complete the attached application. Volunteer positions for anyone 14 - 18 years of age are limited to special events. We cannot place anyone who is fulfilling community service hours, or associated with a work program where there is reimbursement for work.

What happens next?

- If a position is open, you will be called to set up an interview. Your interests and volunteer opportunities will be discussed at this meeting.
- If an appropriate position is not open, we will hold onto your application for 12 months.
- If a potential match is found, an observation will be scheduled in the appropriate department.

Congratulations – Join Our Team

- If this is a great match - a placement is made assuming the successful completion of the following requirements.
  - A Washington State Patrol Background Check must return as “satisfactory”
  - You must pass a drug test, provide proof of vaccination to measles, rubella and chicken pox and be screened for tuberculosis. Other screenings may be required depending on your placement.
  - You will attend an orientation.
- You are now part of a vital team building on the essential services provided by our staff to children and their families.

If you have any questions, please call Volunteer Services at (509)623-0447.

Thank you for your interest in volunteering at Shriners Hospitals for Children®!
Volunteer Application

SECTION 1 - General Contact Information

First Name: ___________________________ Last Name: ___________________________ Suffix: _________
Address: ___________________________________________________________ Unit #: ___________
City: ___________________________________________ State: ________ Zip code:  _________
Primary Phone: ( ___ ) _________________________________ Alt. Phone: ( ___ )____________________
Email: ____________________________________________ Birth Date (mm/dd/yyyy):   _____________
Primary Physician: ___________________________________ Physician Phone: ( ___ ) ________________
Emergency Contact: __________________________________ Phone: ( ___ )________________________

SECTION TWO: Tell Us About Yourself

Why have you chosen to volunteer at Shriners Hospitals for Children®? _____________________________________
______________________________________________________________________________________________
Affiliations with Clubs and Organizations:
______________________________________________________________________________________________
Employment:  □ Full-time  □ Part-time  □ Student  □ Unemployed  □ Retired
Employer/School: _______________________________________________________________________________
Supervisor Name: _________________________________ Phone Number: ( ___ ) ________________
Supervisor Email:________________________________________________________________________________
Your Title: _____________________________________________________________________________________
Description of Duties: ____________________________________________________________________________

Tell us about yourself, your qualities and how you’d like to volunteer at the hospital.
______________________________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________

To volunteer at Shriners Hospitals for Children®, you must be 18 years of age, willing to commit to six months of consistent volunteer service, attend orientation, submit to a drug and alcohol screen test and have a criminal background check.

For Office Use Only:
Application Received: _________________ Letter Sent: _________________ Interview Date: _________________
Ref Chk: _______________ Cleared: _______________ Observation: _______________ Orientation: _______________
Dept: __________________________ Position: __________________________ Start Date: _______________ Term Date: _______________
Notes: _____________________________________________________________________________________________
___________________________________________________________________________________________
List any health conditions that would limit your work: _______________________________________________

Have you had Chicken Pox?  ☐ Yes  ☐ No
If not, have you been immunized?  ☐ Yes  ☐ No
Have you had a TB skin test within the last 12 months?  ☐ Yes  ☐ No
If volunteering is a school requirement, name of school and hours needed: _______________________________________________

Have you ever been convicted of a felony, or released from prison as a result of a conviction, within the last 7 years?  ☐ Yes  ☐ No

SECTION THREE:  Preferences
Please read through the Volunteer Survey sheet attached to this packet before completing this section.

Days/Times Available (check all that apply):
☐ Mornings (limited)  ☐ Afternoons  ☐ Evenings
☐ Monday  ☐ Tuesday  ☐ Wednesday  ☐ Thursday  ☐ Friday  ☐ Saturday  ☐ Sunday

Volunteer Position Types (check all that apply):
☐ Clerical  ☐ Recreation/Playroom  ☐ Reception  ☐ Special Events  ☐ Nutrition Services
☐ Phones  ☐ Computer Work
☐ Other: ___________________________________________

☐ “Active” Work (walking, lifting, standing)  ☐ “Non-active” Work (sitting)

SECTION FOUR:  References
If you have previous volunteer experience, please give us the following information:

Organization: __________________________________ Number of hours/months served: _________________
Contact: __________________________ Title: _______________________ Phone: (      ) _____________
Duties/Responsibilities: _______________________________________________________________________

Please name two people you have known for at least two years, other than relatives, who could provide a recommendation for you.

Name: __________________________ Address: _________________________________________________
Phone: (       ) ____________________ Email: ___________________________________________________
Relationship to you: _______________________________________________________________________

Name: __________________________ Address: _________________________________________________
Phone: (       ) ____________________ Email: __________________________________________________
Relationship to you: _______________________________________________________________________

Volunteer Signature: ____________________________________________ Date: ______________________
Volunteer Preference Survey

We are very fortunate to have loyal volunteers. Please be aware that we may not have openings in the areas where your skills match or where you’d like to volunteer.

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<thead>
<tr>
<th>Check the job skills where you have experience</th>
<th>Areas in which you’d like to volunteer</th>
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<tbody>
<tr>
<td><strong>Languages</strong></td>
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<td>o ESL Instructor</td>
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| **Office/Clerical**                           |                                      |
| o Filing                                      | o Outpatient Clinic                  |
| o Sorting/Collating papers                    | o Recreation Therapy                 |
| o Medical Terminology Transcription           | o Nutrition Services                 |
| o Receptionist                               | o Administration / Office            |
| o Phone Console                              | o Public Relations/Special Events    |
|                                              | (May be age 14+ for special events)  |

| **Computer Skills**                           |                                      |
| o Basic                                       |                                      |
| o Average                                     |                                      |
| o Advanced                                    |                                      |

| **Software**                                  |                                      |
| o MS Word                                     |                                      |
| o MS Excel                                    |                                      |
| o MS Access                                   |                                      |
| o MS PowerPoint                               |                                      |
| o Publisher                                   |                                      |
| o Page Maker                                  |                                      |
| o Other (please list)                         |                                      |