



Dear Prospective Volunteer:

Our volunteers are the heart of Swedish Edmonds. Whether you are looking to volunteer to explore an interest in the medical field, brush up on your work skills, keep active after retirement or take a break from a fast-paced career, volunteering at Swedish Edmonds is definitely the right choice.

The spectrum of our volunteers ranges from working adults to homemakers, retirees to high school students.

Opportunities are available throughout the hospital. Here are just a few areas in which volunteers contribute to the success of Swedish Edmonds:

Front Desk ACC Lobby	Gift Shop
Baby Cuddling	Information Desk
Cancer Resource Center	Clerical
Emergency Room	Patient Care Areas

Special Projects/On Call Volunteers

Don't have time for a long-term commitment? Our special projects might be the right solution for you. Or perhaps you would be willing to be on call for one of our regular departments.

Some of the opportunities available include:

- Swedish Sponsored Community Activities
- Support for Hospital Events
- Department Projects
- Sewing projects at home

If you are interested in joining our team of volunteers, please return your completed application forms along with your immunization record and two letters of reference to:

Swedish Edmonds
Volunteer Services Office
21601 76th Ave W
Edmonds, WA 98026

Interviews are scheduled throughout the year and orientations are scheduled twice a month.

If you have questions or need more information please call the Volunteer Services Office at 425-640-4341. Our office hours are Monday through Friday, 8:00am to 5:00PM.

Thank you for your interest in volunteering at Swedish Edmonds



Application for Volunteer Services

Instructions: Please complete all sections of this application in detail so we may consider you for volunteering. If a question or blank does not apply to you, write N/A in the space. Upon completion, sign your name in the space provided and return all documents to Swedish Edmonds Volunteer Services

PLEASE PRINT LEGIBLY IN PEN

Identification Information

Last Name	First Name	Middle Initial	Maiden Name	Last 4 # Security Number
Address (Street)		(City)	(State)	(Zip)
Mailing Address (if different from above)				Telephone ()
Email Address				Cell phone ()

Education/Employment Information – Check All That Apply

Education Junior High High School Some College Undergrad Degree Graduate Degree	Employment	Student Employed Retired Unemployed Other
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Your occupation _____
 Are you volunteering for school community service? yes no

Name of school _____ Hours needed _____

Availability – Check All That Apply

Hours		Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
8am–noon	Morning							
Noon–4pm	Afternoon							
4pm–7pm	Evening							
Other								

References Business / School / Community (other than a relative)

Name/Relationship	Address	Telephone
		()
		()

Please provide the Volunteer Services Office with a reference letter from each of the above.

Interests – please check all that apply

Hospitality- Front Desk ACC
(greeting, reception, escort)

Surgery Liaison Volunteer
(liaison between OR, Recovery, and patient families)

Administrative Support Volunteer
(clerical, education, computer)

Cancer Resource Center Volunteer

Gift Shop Volunteer
(sales, clerical, customer service)

Baby Cuddling

Patient Care Area Volunteer
(support staff, stock rooms, answer call lights)

Special Events / On Call Volunteer
(on call for event support or fill in)

Other: _____

Have you ever volunteered before? yes no If yes, where? And what did you do?

Why did you leave? _____

Why did you choose Swedish Edmonds for your volunteering?

What is most important to you in a volunteer assignment?

Do you have any restrictions that might limit your ability to perform certain volunteer assignments? (lifting, pushing, and standing)

How did you hear about our volunteer program? _____

Emergency Contact Information

Name	Relationship
Home Phone ()	Other phone (work, cell) ()
Physician	Phone ()

I agree to adhere to the hospital’s Volunteer Services policies, procedures, and rules to the best of my ability. I agree to participate in the hospital’s orientations. I understand that the Director of Volunteer Services or the hospital’s Executive Director may terminate my work as a volunteer at any time, and that I may also terminate my work. I also understand all information regarding patients with whom I work is strictly confidential and I shall maintain that confidentiality.

Volunteer Signature

Date

All volunteers 14 through 18 years of age must have the consent of a parent or legal guardian.

Signature of Legal Guardian

Relationship

CONFIDENTIALITY AGREEMENT

Swedish Edmonds Healthcare employees, volunteers, medical providers, and vendors must make every effort to prevent unauthorized use and disclosure of medical, personal, or other data pertaining to patients, employees, and proprietary hospital operations (“confidential information”). Under no circumstances should confidential information be released or discussed with anyone unless it is in the performance of legitimate job related duties or medical staff functions (“job duties”). To ensure that all Swedish Edmonds Healthcare employees, volunteers, medical providers and vendors acknowledge their responsibility to protect the privacy and confidentiality of confidential information, please read and sign the following:

1. I acknowledge that all confidential information is confidential and protected against unauthorized viewing, discussion, use and disclosure regardless of format: electronic, written, overheard or observed.
2. I understand that I may view, use, disclose, or copy information only as it relates to the performance of my job duties. Any unauthorized viewing, discussion, use or disclosure of confidential information is a violation of Swedish Edmonds Healthcare policy and may be a violation of state and federal law. Any such violation may lead to immediate disciplinary action, including termination (or as appropriate to my affiliation with Swedish Edmonds Healthcare), and possible civil liability and/or criminal charges.
3. I agree not to change, delete or destroy confidential information unless part of my job duties and, if part of my job duties, I agree to follow all established policies in relation to changing, deleting, or destroying confidential information in any form.
4. I agree to use Swedish Edmonds Healthcare computer based information systems (the “computer systems”) for the sole purpose of performing my legitimate job duties.
5. I agree not to use the computer systems to access confidential information on myself, my family, or any other person except when necessary to the performance of my job duties.
6. I understand that the passwords assigned to me to access the computer systems are confidential, and not to be shared with anyone under any circumstances.
7. I agree to use only my assigned password to access the computer systems and that I am responsible for any access to the computer systems using my password as a result of my own negligence or password sharing.
8. I understand that any actions I take in the Computer Systems are tagged with my unique identifier as established in my user profile, and such actions can be traced back to me.
9. I agree to report any real or potential breach of confidentiality immediately to the administrator on call.
10. I acknowledge that my signature on this Confidentiality Agreement signifies I have read, understand, and am committed to its principles.
11. I understand that this signed and dated document will become part of Swedish Edmonds Healthcare records.

Print Name

Signature

Date



VOLUNTEER SERVICES REFERENCE FORM

You have been given as a reference by this applicant. Volunteers play an important role in working with hospital patients and visitors in a sensitive manner. Volunteers must be able to maintain confidentiality, communicate effectively, and follow through with commitments. We appreciate your honesty in responding and if you wish to keep the content of your reply confidential please let us know. Your prompt reply is appreciated.

Please return this form to:
Volunteer Services
Swedish/Edmonds
21601 76th Avenue West
Edmonds, WA 98026

Name of applicant: _____

How long have you known applicant? _____

In what capacity have you known the applicant? _____

- Ratings:
- 1. Needs Improvement
 - 2. Fair
 - 3. Very Good
 - 4. Outstanding

1.	Displays courtesy, tact, patience.	1	2	3	4
2.	Works well with a diverse population.	1	2	3	4
3.	Exhibits interest and enthusiasm for a volunteer position.	1	2	3	4
4.	Accepts supervision in a positive way.	1	2	3	4
5.	Seeks opportunity to improve and advance.	1	2	3	4
6.	Accepts responsibility and commitment.	1	2	3	4
7.	Is dependable and punctual.	1	2	3	4

Comments: _____

Date: _____

Signature: _____

Printed Name: _____

Address: _____

Phone Number: _____



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Comments: _____

Date: _____

Signature: _____

Printed Name: _____

Address: _____

Phone Number: _____

