

**Pullman Regional Hospital Volunteer Services**

**Volunteer Services**

**835 SE Bishop Blvd. Pullman, WA 99163**

**509-336-7391•****volunteers@pullmanregional.org**

**COMMUNITY VOLUNTEER APPLICATION**

**Identification:**

|  |  |
| --- | --- |
| Last Name First Name Middle Initial | Name You Prefer |
| Address | Date |
| City State Zip Code | Home Phone |
| Email address | Cell Phone |

**Education and Work Experience:** Please circle the last grade completed.

|  |
| --- |
| High School Graduation Date 9 10 11 12  |
| College Graduation Date Major Occupation1 2 3 4 5+ |

**Area of Interest: Please select the area where you are most interested in volunteering.**

|  |  |
| --- | --- |
| **Community Volunteers** | **Auxiliary** requires membership and payment of dues |
| **□ Chaplain\*** **□ Information Desk****□ Music\*****□ Music & Memory\*****□ Patient Support Volunteers\*****□ Prescription Pets\*** | **□ Diane’s Gift Garden****□ Special Events** |

**\*These programs require specialized training or skills.**

**Availability:** Please indicate the days/times you are available to volunteer.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Sun | Mon | Tues | Wed | Thurs | Fri | Sat |
| AM |  |  |  |  |  |  |  |
| PM |  |  |  |  |  |  |  |
| Comments regarding your availability: |

**Emergency Contact:**

|  |
| --- |
| Last Name First Name Relationship to you |
| Home phone Other phone (work/cell) |

**Why are you interested in volunteering with us?**

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**Please list skills or experiences you have that you think might benefit our patients, staff, or community.**

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**What else would you like us to know about you?**

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**As an organization, we value commitment and consistency. We request a minimum six month commitment from our volunteers. Can you meet this requirement? If not, please explain below.**

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**Are you required to volunteer? If so, what are the requirements and when do you need to meet them?**

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**Please describe any previous volunteer experience, including the length of your commitment and reason for leaving.**

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**Acknowledgement:**

I certify the information set forth in this application is true and complete to the best of my knowledge. I understand that, if selected for a volunteer position, falsified statements on this application or failure to furnish all requested information shall be considered sufficient cause for my dismissal from the volunteer program. I understand that as a volunteer, I must abide by all Pullman Regional policies & procedures, including holding patient information in strict confidence. Additionally, I am not entitled to and will not receive any compensation, salary, benefits, or other payment in exchange for my services.

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Signature Date

**Mission**

Pullman Regional Hospital exists to nurture and facilitate a healthier quality of life for our community.

**Vision**

Pullman Regional Hospital is a community leader of integrated health and healing activities where our values guide and inspire, and science and technology quietly enable people to comfort, encourage, and heal.

**Values**

As we pursue our shared vision for the future, we value: personal integrity and commitment to provide compassionate, responsible, quality services to our community; an environment that allows individuality, teamwork, and communication to flourish; the enriching nature of diversity, creativity, and innovation; and honesty and leadership in an atmosphere of mutual respect and trust.