



VOLUNTEER APPLICATION

Name: _____ Email: _____

Address: _____

City: _____ State: _____ Zip: _____ Birthday: _____

Home Phone: _____ Secondary Phone: _____

Emergency Contact: _____ Emergency Contact Phone: _____

Check all your areas of interest:

- | | | |
|---------------------------------------|---|---|
| <input type="checkbox"/> Clerical | <input type="checkbox"/> Patient Interaction: | <input type="checkbox"/> Library |
| <input type="checkbox"/> Fund Raising | <input type="checkbox"/> Resource Center | <input type="checkbox"/> Mailings |
| <input type="checkbox"/> Men's Club | <input type="checkbox"/> Patient Greeter | <input type="checkbox"/> Special Events |
| <input type="checkbox"/> Guild | <input type="checkbox"/> Health Fairs / Expos | <input type="checkbox"/> Other: _____ |

Special Skills or Interests:

- | | |
|---|---------------------------------------|
| <input type="checkbox"/> Bi-Lingual _____ | <input type="checkbox"/> Other: _____ |
|---|---------------------------------------|

Days of week/hours available: _____

I would like to volunteer:

- | | | |
|--------------------------------------|------------------------------------|----------------------------------|
| <input type="checkbox"/> Regularly | <input type="checkbox"/> Bi-Weekly | <input type="checkbox"/> On-call |
| <input type="checkbox"/> Once a Week | <input type="checkbox"/> Monthly | |

Do you have any limitations that should be considered? Yes No

If yes, please explain: _____

List your volunteer experience: _____

How did you hear about volunteering at the Cancer Center? _____

I understand that all information on this form is voluntarily supplied and may be used and disclosed for volunteerism purposes only. I hereby volunteer my services.



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Volunteer signature:

_____ Date: _____

REFERENCES

1. Name: _____

Phone: (include area code) _____

2. Name: _____

Phone: (include area code) _____

Please write a brief paragraph explaining why you would like to volunteer at the Cancer Center.



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CONFIDENTIALITY STATEMENT FOR VOLUNTEERS

CONFIDENTIALITY OF PATIENT AND EMPLOYEE INFORMATION

PURPOSE: To communicate the importance and imperative need to protect confidentiality for the patients and employees of the TRI-CITIES CANCER CENTER

POLICY: It is a primary responsibility of all volunteers to protect the confidentiality of the TRI-CITIES CANCER CENTER'S patients and employees. Breach of confidentiality is the repeating of any information, written or spoken, where unauthorized or indiscreet disclosure could be harmful or injurious to the interests of a patient or an employee.

Patient information, medical records, employee personnel records, financial reports or fundraising donor records are private and of a sensitive nature and are considered STRICTLY CONFIDENTIAL. THIS INFORMATION SHOULD NEVER BE DISCUSSED WITH ANY OTHER PERSON.

VIOLATIONS: ANY VOLUNTEER WHO IS FOUND TO HAVE VIOLATED THE CONFIDENTIALITY POLICY WILL BE SUBJECT TO DISCIPLINARY ACTION THAT MAY INCLUDE SUSPENSION AND/OR IMMEDIATE DISCHARGE.

I have read and understand the CONFIDENTIALITY OF PATIENT AND EMPLOYEE INFORMATION POLICY listed above. I understand the contents and agree to comply with this policy as stated.

VOLUNTEER SIGNATURE _____ DATE _____

VOLUNTEER RELATIONS COORDINATOR

SIGNATURE _____ DATE _____



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