

Welcome to the Summer Student Program

Thank you for your interest in joining Providence St. Mary in our dynamic service-learning opportunity for high school students in our community! It is our sincere belief that working together as a team, sharing a common objective of excellent service has earned Providence St. Mary Medical Center the recognition of being one of the finest health care providers in Southeastern Washington.

The objectives of this unique summer program are as follows:

- Advance our mission of caring for the poor & vulnerable through volunteer service.
- Sharpen your practical problem-solving and real-time decision making skills within your volunteer position while receiving supportive mentoring from staff.
- Practice key communication skills in a diverse environment comprised of patients, family members, visitors and staff from a variety of socio-economic backgrounds.
- Increase your understanding of the healthcare field as an exciting and rewarding career path.

Key Features of the Summer Student Program:

- Applications will be available April 1st – 25th 2022 and acceptance and denial letters will be sent out by April 30th, 2022.
- The 2022 Summer Student Volunteer Program will take place from **June 13th – August 19th** and will require 50 hours of volunteer service.
- This 9 week commitment consists of a volunteer assignment in a hospital or clinic setting.

If you have any questions about the Summer Student Volunteer Program, including the application process, please do not hesitate to contact me.

Warm regards,

Patti Lennartson
Volunteer Services
Providence St. Mary Medical Center
(509)897-2072
patti.lennartson@providence.org

Volunteer Application

Applicants must be at least 16 years old to volunteer and if under 18, an applicant's parent/guardian must complete the Agreement & Authorization on page 2. Please complete all sections and return the application by mail or email (If returning by email, please sign all relevant signature lines, scan, and send).

IDENTIFICATION:

Last Name	First Name	M.I.	Name You Prefer
Present Mailing Address (Number and Street/City/State/Zip)			Home Phone Number
Permanent Mailing Address (Number and Street/City/Zip)			Cell Phone Number
Email Address			
Are you a U.S. citizen? <input type="checkbox"/> YES NO If NO, can you provide proof of your legal right to work in the U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO			Birth Date (MM/DD/YY)

EDUCATION AND WORK EXPERIENCE: Please circle the last grade completed.

<input checked="" type="checkbox"/> High School 9 10 11 12	Graduation Date	If still in high school, are you volunteering through a school program? <input type="checkbox"/> YES <input type="checkbox"/> NO
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EMERGENCY CONTACT:

Last Name	First Name	Relationship to You
<input type="checkbox"/>	<input type="checkbox"/>	
Home Phone Number		Other Phone Number (Work/Cell)
<input type="checkbox"/>	<input type="checkbox"/>	



1. Why are you interested in volunteering with us?
2. How did you hear about our volunteer program?
3. Are you able to make a commitment to volunteer for one shift per week for at least six months? YES NO
If NO, please explain.
4. Are you required to volunteer (e.g. school program, court assigned, etc.)? YES NO
If YES, what program? What are the program's volunteer requirements?
5. Have you ever volunteered before? YES NO
If YES, for how long, where and what did you do? Why did you leave?
6. Is there any other information we should know?

COMMITMENT STATEMENT

I am volunteering my services to Providence St. Mary Medical Center solely for my personal purposes or benefit without promise or expectation of compensation or benefits. I understand and agree that in the performance of my duties as a volunteer at Providence St. Mary Medical Center, I must abide by all policies and procedures, including holding as strictly confidential all medical information that I may obtain directly or indirectly concerning patients. I understand that failure to comply with these requirements may result in my dismissal as a volunteer.

Applicant Signature

Date

PARENT/GUARDIAN AGREEMENT & AUTHORIZATION

I give permission for my son/daughter to participate in the Providence St. Mary Medical Center Volunteer Program. I understand he/she is volunteering his/her services to Providence St. Mary Medical Center solely for his/her personal purposes or benefit without promise or expectation of compensation or benefits. I understand and agree that he/she may be dismissed for failure to abide by policies and procedures, including holding strictly confidential all medical information obtained directly or indirectly concerning patients.

I give permission for my son/daughter to submit to tuberculin test (Quantiferon Gold) which is a requirement for all hospital volunteers.

I understand that a criminal background check will be completed for my son/daughter as required by the State of Washington. I have carefully read and understand the Providence Health & Services Consumer Disclosure and Authorization Form included with this application. By my signature below, I consent to preparation of background reports for my son/daughter and to the release of such reports to Volunteer Services.

Parent/Guardian Signature

Date

Parent/Guardian Name (Please Print)

Phone Numbers (Home/Work/Cell)

Attachment #1 to policy 8610.0095

**INFORMATION SECURITY/CONFIDENTIALITY
AGREEMENT**

I understand that all patient information shall be regarded with the strictest confidence and must be maintained according to established laws, regulations and policies.

I understand that confidentiality of information extends to communication of all patient and non-medical/proprietary information including but not limited to: verbal or written communications, release of information, computer systems data and security, faxes, e-mail, voice-mail, cell phones, radios, and disposal of confidential information.

I understand that I will only access and utilize hospital and patient information as required by my specific job requirements and/or as authorized by established policies.

Therefore, I agree to the following:

- I will access patient and medical center information only as necessary for me to perform my job duties and provided I have been given appropriate authorization to access such information
- I will keep confidential, all patient or sensitive medical center information and will only divulge such information to other persons on a need-to-know basis as appropriate
- I agree to keep confidential any and all discussion and deliberations of peer review or medical staff proceedings
- I will keep confidential, my password to access the medical center computer systems
- I will utilize the medical center computer systems in accordance with the guidelines outlined in the Information Systems policy #8540.1705
- I will follow the guidelines for releasing patient/medical center information in accordance with the Administration policy #8610.0095 and #8610.1500

EMPLOYEE – I understand that failure to comply with this agreement and stated policies may result in disciplinary action up to and including discharge.

NON-EMPLOYEE – I understand that failure to comply with the terms as stated above may result in the cancellation of my agreement, commitment, contract, etc. (examples of non-employees: contractor, vendor, locums. volunteer, etc.)

Signed _____ Date _____

Print Name _____

VOLUNTEER AGREEMENT

If accepted as a hospital volunteer, I agree that:

I shall hold as absolutely confidential all information that I may obtain directly or indirectly concerning patients, doctors or personnel, and not seek to obtain confidential information from a patient.

My services are donated to the hospital without contemplation of compensation or future employment, and given with humanitarian, religious or charitable reasons.

I understand that it is a crime to solicit business for attorneys. I shall not solicit any business for attorneys or insurance companies, both on and off of hospital property, or to act as a runner or capper for an attorney in the solicitation of business. I shall report all known occurrences of solicitation for attorneys to the Director/Coordinator of Volunteer Services.

I shall not sell or attempt to sell goods or services, request contributions, or to solicit persons to sign or distribute political petitions on hospital premises, unless I receive the express authorization of the Director/Coordinator of Volunteer Services to engage in these activities.

I shall submit to examinations, which may include chest x-rays, skin tests, appropriate laboratory tests and/or immunizations that may be necessary as part of my volunteer service. I also authorize the person(s) making tests or x-ray films to report the results to the hospital.

I shall be punctual and conscientious, conduct myself with dignity, courtesy and consideration of others, and endeavor to make my performance professional in quality.

I shall attempt to resolve any problems related to my volunteer activities with my supervisor, and, if unsuccessful, attempt to resolve any such problems with Volunteer Services.

I shall make my best effort to fulfill my commitment by completing all assignments that I accept.

I shall, at all times, uphold the philosophy and standards of the hospital.

I understand that Volunteer Services reserves the right to terminate my volunteer status as a result of: (a) failure to comply with hospital policies, rules and regulations; (b) absences without prior notification; (c) unsatisfactory attitude, performance or appearance; or (d) any other circumstances which, in the judgment of the director, would make my continued service contrary to the best interests of the hospital.

I have read each of the above conditions, and I agree to be bound by them.

Volunteer Signature Date

Volunteer Parent Signature Date

WITNESS CLAUSE:

I agree that I have explained each of the conditions of volunteer services to the applicant who has signed this form and that I have witnessed the applicant's signature.

Director/Coordinator of Volunteer Services

Date



CONSUMER DISCLOSURE AND AUTHORIZATION FORM

Disclosure Regarding Background Investigation

Providence Health & Services (the “Company”) may request, for lawful employment purposes, background information about you from a consumer reporting agency in connection with your employment or application for employment (including independent contractor assignments, as applicable). This background information may be obtained in the form of consumer reports and/or investigative consumer reports (commonly known as “background reports”). These background reports may be obtained at any time after receipt of your authorization and, if you are hired or engaged by the Company, throughout your employment or your contract period.

HireRight, Inc., or another consumer reporting agency, will prepare or assemble the background reports for the Company. HireRight, Inc. is located and can be contacted by mail at 5151 California, Irvine, CA 92617, and HireRight can be contacted by phone at (800) 400-2761.

The types of information that may be obtained include, but are not limited to: social security number verifications; address history; credit reports and history; criminal records and history; public court records; driving records; accident history; worker’s compensation claims; bankruptcy filings; educational history verifications (e.g., dates of attendance, degrees obtained); employment history verifications (e.g., dates of employment, salary information, reasons for termination, etc.); personal and professional references checks; professional licensing and certification checks; drug/alcohol testing results, and drug/alcohol history in violation of law and/or company policy; and other information bearing on your character, general reputation, personal characteristics, mode of living and credit standing.

This information may be obtained from private and public record sources, including, as appropriate: government agencies and courthouses; educational institutions; former employers; personal interviews with sources such as neighbors, friends and associates; and other information sources. If the Company should obtain information bearing on your credit worthiness, credit standing or credit capacity for reasons other than as required by law, then the Company will use such credit information to evaluate whether you would present an unacceptable risk of theft or other dishonest behavior in the job for which you are being evaluated.

You may request more information about the nature and scope of any investigative consumer reports by contacting the Company. A summary of your rights under the Fair Credit Reporting Act is also being provided to you.

ADDITIONAL STATE LAW NOTICES

If you are a California, Maine, Massachusetts, New York or Washington State applicant, employee or contractor, please also note:

CALIFORNIA: Pursuant to section 1786.22 of the California Civil Code, you may view the file maintained on you by HireRight during normal business hours. You may also obtain a copy of this file, upon submitting proper identification and paying the costs of duplication services, by appearing at HireRight’s offices in person, during normal business hours and on reasonable notice, or by mail. You may also receive a summary of the file by telephone, upon submitting proper identification. HireRight has trained personnel available to explain your file to you, including any coded information. If you appear in person, you may be accompanied by one other person, provided that person furnishes proper identification.

MAINE: You have the right, upon request, to be informed of whether an investigative consumer report was requested, and if one was requested, the name and address of the consumer reporting agency furnishing the report. You may request and receive from the Company, within five business days of our receipt of your request, the name, address and telephone number of the nearest unit designated to handle inquiries for the

consumer reporting agency issuing an investigative consumer report concerning you. You also have the right, under Maine law, to request and promptly receive from all such agencies copies of any such reports.

MASSACHUSETTS: If we request an investigative consumer report, you have the right, upon written request, to a copy of the report.

NEW YORK: You have the right, upon request, to be informed of whether or not a consumer report was requested. If a consumer report is requested, you will be provided with the name and address of the consumer reporting agency furnishing the report. You may inspect and receive a copy of the report by contacting that agency. Attached below is additional information about New York law.

WASHINGTON STATE: If the Company requests an investigative consumer report, you have the right, upon written request made within a reasonable period of time after your receipt of this disclosure, to receive from the Company a complete and accurate disclosure of the nature and scope of the investigation requested by the Company. You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

Authorization of Background Investigation

I have carefully read and understand this Disclosure and Authorization form and the attached summary of rights under the Fair Credit Reporting Act. By my signature below, I consent to preparation of background reports by a consumer reporting agency such as HireRight, Inc., and to the release of such background reports to the Company and its designated representatives and agents, for the purpose of assisting the Company in making a determination as to my eligibility for employment (including independent contractor assignments, as applicable), promotion, retention or for other lawful employment purposes. I understand that if the Company hires me or contracts for my services, my consent will apply, and the Company may obtain background reports, throughout my employment or contract period.

I understand that information contained in my employment or contractor application, or otherwise disclosed by me before or during my employment or contract assignment, if any, may be used for the purpose of obtaining and evaluating background reports on me. I also understand that nothing herein shall be construed as an offer of employment or contract for services.

I hereby authorize law enforcement agencies, learning institutions (including public and private schools and universities), information service bureaus, credit bureaus, record/data repositories, courts (federal, state and local), motor vehicle records agencies, my past or present employers, the military, and other individuals and sources to furnish any and all information on me that is requested by the consumer reporting agency.

By my signature below, I also certify the information I provided on and in connection with this form is true, accurate and complete. I agree that this form in original, faxed, photocopied or electronic (including electronically signed) form, will be valid for any background reports that may be requested by or on behalf of the Company.

California, Minnesota or Oklahoma applicants only: Please check this box if you would like to receive (whenever you have such right under the applicable state law) a copy of your background report if one is obtained on you by the Company.

Applicant Last Name _____ First _____ Middle _____

Applicant Signature _____ Date _____

NEW YORK CORRECTION LAW
ARTICLE 23-A

**LICENSURE AND EMPLOYMENT OF PERSONS PREVIOUSLY
CONVICTED OF ONE OR MORE CRIMINAL OFFENSES**

Section 750. Definitions.

751. Applicability.

752. Unfair discrimination against persons previously convicted of one or more criminal offenses prohibited.

753. Factors to be considered concerning a previous criminal conviction; presumption.

754. Written statement upon denial of license or employment.

755. Enforcement.

§750. Definitions. For the purposes of this article, the following terms shall have the following meanings:

(1) "Public agency" means the state or any local subdivision thereof, or any state or local department, agency, board or commission.

(2) "Private employer" means any person, company, corporation, labor organization or association which employs ten or more persons.

(3) "Direct relationship" means that the nature of criminal conduct for which the person was convicted has a direct bearing on his fitness or ability to perform one or more of the duties or responsibilities necessarily related to the license, opportunity, or job in question.

(4) "License" means any certificate, license, permit or grant of permission required by the laws of this state, its political subdivisions or instrumentalities as a condition for the lawful practice of any occupation, employment, trade, vocation, business, or profession. Provided, however, that "license" shall not, for the purposes of this article, include any license or permit to own, possess, carry, or fire any explosive, pistol, handgun, rifle, shotgun, or other firearm.

(5) "Employment" means any occupation, vocation or employment, or any form of vocational or educational training. Provided, however, that "employment" shall not, for the purposes of this article, include membership in any law enforcement agency.

§751. Applicability. The provisions of this article shall apply to any application by any person for a license or employment at any public or private employer, who has previously been convicted of one or more criminal offenses in this state or in any other jurisdiction, and to any license or employment held by any person whose conviction of one or more criminal offenses in this state or in any other jurisdiction preceded such employment or granting of a license, except where a mandatory forfeiture, disability or bar to employment is imposed by law, and has not been removed by an executive pardon, certificate of relief from disabilities or certificate of good conduct. Nothing in this article shall be construed to affect any right an employer may have with respect to an intentional misrepresentation in connection with an application for employment made by a prospective employee or previously made by a current employee.

§752. Unfair discrimination against persons previously convicted of one or more criminal offenses prohibited. No application for any license or employment, and no employment or license held by an individual, to which the provisions of this article are applicable,

shall be denied or acted upon adversely by reason of the individual's having been previously convicted of one or more criminal offenses, or by reason of a finding of lack of "good moral character" when such finding is based upon the fact that the individual has previously been convicted of one or more criminal offenses, unless:

(1) There is a direct relationship between one or more of the previous criminal offenses and the specific license or employment sought or held by the individual; or

(2) the issuance or continuation of the license or the granting or continuation of the employment would involve an unreasonable risk to property or to the safety or welfare of specific individuals or the general public.

§753. Factors to be considered concerning a previous criminal conviction; presumption.

1. In making a determination pursuant to section seven hundred fifty-two of this chapter, the public agency or private employer shall consider the following factors:

(a) The public policy of this state, as expressed in this act, to encourage the licensure and employment of persons previously convicted of one or more criminal offenses.

(b) The specific duties and responsibilities necessarily related to the license or employment sought or held by the person.

(c) The bearing, if any, the criminal offense or offenses for which the person was previously convicted will have on his fitness or ability to perform one or more such duties or responsibilities.

(d) The time which has elapsed since the occurrence of the criminal offense or offenses.

(e) The age of the person at the time of occurrence of the criminal offense or offenses.

(f) The seriousness of the offense or offenses.

(g) Any information produced by the person, or produced on his behalf, in regard to his rehabilitation and good conduct.

(h) The legitimate interest of the public agency or private employer in protecting property, and the safety and welfare of specific individuals or the general public.

2. In making a determination pursuant to section seven hundred fifty-two of this chapter, the public agency or private employer shall also give consideration to a certificate of relief from disabilities or a certificate of good conduct issued to the applicant, which certificate shall create a presumption of rehabilitation in regard to the offense or offenses specified therein.

§754. Written statement upon denial of license or employment. At the request of any person previously convicted of one or more criminal offenses who has been denied a license or employment, a public agency or private employer shall provide, within thirty days of a request, a written statement setting forth the reasons for such denial.

§755. Enforcement.

1. In relation to actions by public agencies, the provisions of this article shall be enforceable by a proceeding brought pursuant to article seventy-eight of the civil practice law and rules.

2. In relation to actions by private employers, the provisions of this article shall be enforceable by the division of human rights pursuant to the powers and procedures set forth in article fifteen of the executive law, and, concurrently, by the New York city commission on human rights.

Para informacion en español, visite www.ftc.gov/credit o escribe a la FTC Consumer Response Center, Room 130-A 600 Pennsylvania Ave., N.W., Washington, DC 20580

A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to www.ftcgov/credit or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, DC 20580.**

- Ⓓ **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- Ⓓ **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - Ⓓ a person has taken adverse action against you because of information in your credit report;
 - Ⓓ you are the victim of identity theft and place a fraud alert in your file;
 - Ⓓ your file contains inaccurate information as a result of fraud;
 - Ⓓ you are on public assistance;
 - Ⓓ you are unemployed but expect to apply for employment within 60 days.

In addition, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.ftc.gov/credit for additional information.

- Ⓓ **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- Ⓓ **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.ftc.gov/credit for an explanation of dispute procedures.
- Ⓓ **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer agency may continue to report information it has verified as accurate.

- D Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- D Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- D You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.ftc.gov/credit.
- D You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-567-8688.
- D You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- D Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.ftc.gov/credit.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. Federal enforcers are:

TYPE OF BUSINESS:	PLEASE CONTACT:
Consumer reporting agencies, creditors and others not listed below	Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 1-877-382-4357
National banks, federal branches/agencies of foreign banks (word “National” or initials “N.A.” appear in or after bank’s name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 202-452-3693
Savings associations and federally chartered savings banks (word “Federal” or initials “F.S.B.” appear in federal institution’s name)	Office of Thrift Supervision Consumer Complaints Washington, DC 20552 800-842-6929
Federal credit unions (words “Federal Credit Union” appear in institution’s name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-519-4600
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Consumer Response Center 2345 Grand Avenue, Suite 100 Kansas City, MO 64108-2638 1-877-275-3342
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation, Office of Financial Management Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator- GIPSA Washington, DC 20250 202-720-7051

DISCLOSURE STATEMENT

Providence Health & Services has a long-standing commitment to the safety and security of our patients, employees, and clients. The Washington State Legislature helped us to further insure security of children, vulnerable adults, and developmentally disabled persons being served by Providence Health & Services by requiring us to conduct background checks on any prospective employee, volunteer, independent contractor, intern, resident, or medical staff who will or may have direct contact with or unsupervised access to children, vulnerable adults, or developmentally disabled persons during the course of his or her employment or involvement with Providence Health & Services. The federal government also requires Office of Inspector General excluded individual/entity database checks on all individuals employed by or associated with any business that participates in federally funded health care programs such as Medicare or Medicaid.

YOUR EMPLOYMENT OR CONTINUED EMPLOYMENT IS CONDITIONAL UPON THE RECEIPT OF A SATISFACTORY BACKGROUND REPORT AS DETERMINED BY PROVIDENCE HEALTH & SERVICES. YOUR CONTINUED EMPLOYMENT IS CONDITIONED UPON NOT COMMITTING ANY SUBSEQUENT PROHIBITED ACTS. PROVIDENCE HEALTH & SERVICES RESERVES THE RIGHT TO CONDUCT ADDITIONAL BACKGROUND CHECKS AT ANY TIME DURING YOUR EMPLOYMENT.

Please fully complete the following questions. This information will be maintained in accordance with applicable state and federal laws.

1. Have you ever been convicted of any the following crimes against children or other persons, or crimes related to drugs?

Yes	No		Yes	No	
___	___	aggravated murder	___	___	endangerment with a controlled substance
___	___	first or second degree murder	___	___	child abuse or neglect as defined in RCW 26.44.020
___	___	first or second degree kidnapping	___	___	first or second degree custodial interference
___	___	first, second, or third degree assault	___	___	first or second degree custodial sexual misconduct
___	___	first, second, or third degree assault of a child	___	___	malicious harassment
___	___	first, second, or third degree rape	___	___	first, second, or third degree child molestation
___	___	first, second, or third degree rape of a child	___	___	first or second degree sexual misconduct with a minor
___	___	first or second degree robbery	___	___	patronizing a juvenile prostitute
___	___	first degree arson	___	___	child abandonment
___	___	first degree burglary	___	___	promoting pornography
___	___	first or second degree manslaughter	___	___	selling or distributing erotic material to a minor
___	___	first or second degree extortion	___	___	custodial assault
___	___	indecent liberties	___	___	violation of child abuse restraining order
___	___	incest	___	___	child buying or selling
___	___	vehicular homicide	___	___	prostitution
___	___	first degree promoting prostitution	___	___	felony indecent exposure
___	___	communication with a minor	___	___	criminal abandonment
___	___	unlawful imprisonment	___	___	manufacturing a controlled substance
___	___	simple or fourth degree assault	___	___	delivery of a controlled substance
___	___	sexual exploitation of minors	___	___	possession of a controlled substance with intent to manufacture or deliver
___	___	first or second degree criminal mistreatment	___	___	any of these crimes as they may have been referred to in the past, renamed in the future, or labeled in another state

If your answer is "yes" to any of the above, please describe and provide the dates(s) of the conviction(s) and the sentence(s) imposed:

2. Yes ___ No ___ Have you ever been convicted of any crime relating to obstruction of an investigation, fraud, theft, embezzlement, breach of fiduciary responsibility, or other financial misconduct?

If your answer is "yes", please describe and provide the dates(s) of the conviction(s) and the sentence(s) imposed:

Per RCW 43.43.830, a vulnerable adult is defined as an adult: (a) of any age who lacks the functional, mental, or physical ability to care for themselves; or (b) found incapacitated under chapter 11.88 RCW; or (c) who has a developmental disability as defined under RCW 71A.10.020; or (d) admitted to any facility as defined under RCW 74.34.020; or (e) receiving services from an individual provider as defined under RCW 74.34.020; or (f) receiving services from home health, hospice, or home care agencies licensed or required to be licensed under chapter 70.127 RCW.

3. Have you ever been convicted of any of the following crimes relating to financial exploitation if the victim was a vulnerable adult:

Yes	No		Yes	No	
___	___	first, second, or third degree extortion	___	___	forgery
___	___	first, second, or third degree theft	___	___	any of these crimes as they may have been referred to in the past, renamed in the future, or labeled in another state
___	___	first or second degree robbery			

If your answer is "yes" to any of the above, please describe and provide the dates(s) of the conviction(s) and the sentence(s) imposed:

4. Yes ___ No ___ Have you ever been found in any dependency action to have sexually assaulted or exploited any minor or to have physically abused any minor?
5. Yes ___ No ___ Have you ever been found by a court in a domestic relations proceeding to have sexually abused or exploited any minor or to have physically abused any minor?
6. Yes ___ No ___ Have you ever been found in any disciplinary board final decision to have sexually or physically abused or exploited any minor or developmentally disabled person or to have abused or financially exploited any vulnerable adult?
7. Yes ___ No ___ Have you ever been found by a court in a protection proceeding under chapter 74.34 RCW, to have abused or financially exploited any vulnerable adult?

If your answer is "yes" to any of the questions 4 through 7 above, please describe and provide the date(s) of the finding(s) and the penalty(ies) imposed:

8. Yes ___ No ___ If you are applying for a licensed position, have you ever had your license revoked, suspended, surrendered, or lost the right to renew your license for reasons bearing on your professional competence, professional performance, or financial integrity?
9. Yes ___ No ___ Have you ever been excluded or suspended from participation in any federal or state health care program?

If your answer is "yes" to question 8 and/or 9 above, please explain in detail:

We may request your fingerprints to obtain from the Washington State Patrol criminal identification system a report of your record of criminal convictions for offenses against persons, civil adjudications of child abuse, and disciplinary board final decisions. The State Patrol's response will be sent directly to Providence Health & Services. In addition, we will perform an excluded individual/entity database check with the Office of Inspector General. If you are hired before these reports are available, YOUR EMPLOYMENT WILL BE CONDITIONED UPON THE RECEIPT OF SATISFACTORY REPORTS.

You will be notified of the State Patrol's response within ten days after we receive the report. We will make a copy of the report available to you upon your request.

UNDER PENALTY OF PERJURY, I certify that the information on this form is true, correct, complete, and not misleading. I understand that if I am hired, or at any time during my employment or involvement with Providence Health & Services that I complete this form, I can be discharged for any misrepresentation, omission, or misleading statement made in this Disclosure Statement. I understand that if I am hired, my employment is conditioned upon receipt by Providence Health & Services of a satisfactory report, as determined by Providence Health & Services, from the Washington State Patrol and Office of Inspector General, and that continued employment will be conditioned upon satisfactory report(s) should further reports be deemed necessary by Providence Health & Services. I understand and agree that it is my obligation to immediately inform Providence Health & Services if a criminal conviction, civil adjudication, or disciplinary board final decision for any offenses listed on this form is issued against me or if I am excluded or suspended from participation in any federal or state health care program at any time during the course of my employment or involvement with Providence Health & Services. Failure to so notify Providence Health & Services will be grounds for immediate discharge.

Signature

Social Security Number

Date

Exact legal name, printed

Maiden name / other names by which you have been known

Date of birth

Providence Health & Services representative signature as witness

Date

Submit