Providence Centralia Hospital
Volunteer Services
914 S. Schueber Rd
Centralia, WA 98531
(360) 330-8569
Julia.VanPaepeghem@providence.org

PROVIDENCE Health & Services Southwest Washington

Providence St. Peter Hospital
Volunteer Services
413 Lilly Rd NE
Olympia, WA 98506
(360) 493-7482
Volunteer.ServicesPSPH@providence.org

Volunteer Application

PERSONAL INFORMATION

Last Name	First Name	M.I.

Name You Prefer	Birth Date (MM/DD/YY)	Phone Number

Mailing Address (Street, City, State, Zip)

Email Address

Email is our primary source of communication when sending out important information. Please make sure you include your most current email so that you do not miss out on critical information. We will not sell, loan, share, or give your information to a third-party.

Are you a current or previous Providence employee? Please explain.

AVAILABILITY

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
AM							
PM							

Comments regarding your availability:

In order to be most effective and successful, volunteers must be consistent. Therefore, most of our volunteer positions require a minimum six month commitment of one shift a week (generally three to four hours in length). Can you meet this requirement?

- ☐ Yes
- ☐ No. If no, please explain:

EMERGENCY CONTACT

Last Name	First Name	Relation to You

Phone Number	Other Phone Number (optional)

GETTING TO KNOW YOU

Please tell us what motivated you to choose Providence as the place to apply for a volunteer position?

Getting to know you is important to us! Please tell us more about your skills, education, community involvement, and personal accomplishments.

VOLUNTEER POSITIONS OF INTEREST

Please review the volunteer descriptions before making your selection. Check all positions and locations of interest. However, please be aware not all positions may be available when applying. During the interview, we will do our best to help you find a position that's a good fit.

Patient & Family Ambassador	☐ Providence St Peter Hospital	☐ Providence Centralia Hospital	☐ Chehalis Providence Medical Group
	☐ Lacey Cancer Center	☐ Centralia Cancer Center	☐ Aberdeen Cancer Center
Wayfinder	☐ Providence St Peter Hospital		
Gift Shop / Book Nook	☐ Providence St Peter Hospital		
Animal Assisted Activities (PAAA/T and PAWS)	☐ Providence St Peter Hospital	☐ Providence Centralia Hospital	
No One Dies Alone (NODA)	☐ Providence St Peter Hospital	☐ Providence Centralia Hospital	
Eucharistic Ministries	☐ Providence St Peter Hospital	☐ Providence Centralia Hospital	

VOLUNTEER AGREEMENT

I certify that the information provided in this application is complete and accurate to the best of my knowledge. If accepted as a volunteer, I must abide by all Providence policies and procedures, including holding patient information in strict confidence. Failure to comply with these requirements may result in immediate dismissal. Additionally, I am not entitled to and will not receive any compensation, salary, benefits or other payments in exchange for my service. By my signature below, I certify that I carefully read, understand and agree to the conditions of this agreement.

Signature _____ Date _____

PARENT/LEGAL GUARDIAN AGREEMENT & AUTHORIZATION ***(For 16 and 17 year old applicants)***

As the parent/guardian of _____, I give permission for his/her participation in the volunteer program through Providence. My child can meet the minimum six month commitment of one shift per week. Placement is contingent upon successful completion of an in-person interview, orientation and criminal background check. Additionally, during my child's volunteer shift, I will be available via phone in the event of an emergency. By my signature below, I certify that I carefully read, understand and agree to the conditions of this agreement.

Parent / Legal Guardian Name (printed)_____ Phone Number_____

Parent/Legal Guardian Signature_____ Date_____

In addition to the EMERGENCY CONTACT listed on page 1, please provide an additional emergency contact:

Last Name	First Name	Relation to You

Phone Number	Other Phone Number (optional)