



Forks Community Hospital

"Pioneers in Rural Health Care"

VOLUNTEER SERVICE APPLICATION

NAME: _____ DATE: _____

ADDRESS: _____ PHONE: _____

EMERGENCY CONTACT: _____ PHONE: _____

Please thoughtfully answer the following questions using a separate sheet of paper if necessary

Which department of Forks Community Hospital would you like to intern/volunteer at?

Which health care career would you like to work in after graduation? If not for a career opportunity, tell the story of how you became interested in this volunteer opportunity.

Describe the ways you have investigated this career choice or this volunteer request, so far (for example what you have read, who you have talked to, etc.)

Tell us about you as a person. What are you good at? What do you like to do? What do you think is important for us to know about you?

Give us an example from your life that demonstrates you are reliable and trustworthy?

Describe any special accommodations you need to volunteer:

REFERENCES

Please list three persons who may be contacted as references for your placement as a volunteer at Forks Community Hospital. At least one reference should be a teacher or school representative. Two of the three references should be non-relatives. Please limit your references to people who have known you for at least one year.

1. Name: _____
Daytime Phone: _____
Relationship: _____
2. Name: _____
Daytime Phone: _____
Relationship: _____
3. Name: _____
Daytime Phone: _____
Relationship: _____

Please submit this application to the Volunteer Services Coordinator at Forks Community Hospital (360)374-6271 (ext-297) or charw@forkshospital.org.

The following information may be required: Depending on the type of volunteer and if it is direct patient care, requirements may vary.

- ☐ WSP (Washington State Patrol) Background check for Criminal History Information: This is done by Forks Community Hospital.
- ☐ Tuberculosis screening through Department of Health Clallam County or Bogachiel Clinic
- ☐ Confidentiality Document signed (Provided at onboarding meeting)
- ☐ 10 Panel Drug Screen (not for minors or non-patient care areas)
- ☐ Policy and Procedure Acknowledgments and online education (as required for area of interest)
- ☐ Immunization History