



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 at?

Which health care career would you like to work in after graduation? Tell the story of how you became interested in this field.

Describe the ways you have investigated this career choice 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 in order 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 Laci Johnson, Volunteer Services Coordinator at Forks Community Hospital (360)374-6271 (ext-533)

Remember to include:

- WSP (Washington State Patrol) Background check for Criminal History Information
- OIG (Office of Inspector General) Background check
- Completed DSHS Background Authorization
- Two letters of recommendation (at least one from a non-relative)
- Tuberculosis screening Consent for Minors
- Confidentiality Document signed