



VOLUNTEER APPLICATION

Name: _____ Email: _____

Address: _____

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

SSN: _____ Occupation (current or former): _____

Main phone: _____ Secondary Phone: _____

Emergency Contact: _____ Emergency Contact Phone: _____

Check all your areas of interest:

- Special Events
- Mailings
- Chest of Hope
- Gardening
- Patient Interaction:
- Resource Center
- Patient Greeter
- Information Booth
- Store Kiosk
- Other:

Special Skills or Interests:

Bi-Lingual _____ Other _____

Days of week/hours available:

I would like to volunteer:

- Regularly
- Once a Week
- Bi-Weekly
- 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.

Volunteer signature:

_____ Date: _____



VOLUNTEER APPLICATION

REFERENCES

1. Name: _____

Phone: (include area code) _____

Address: _____

2. Name: _____

Phone: (include area code) _____

Address: _____

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



VOLUNTEER APPLICATION

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 Anneliese Martinez _____ DATE _____

tccancer.org/foundation/volunteer-application

Please return to: Tri-Cities Cancer Center Foundation Office
7350 W. Deschutes Ave., Kennewick, WA 99336
Attn: Anneliese Martinez, Volunteer Coordinator

(509) 737-3413 Anneliese.Martinez@kadlec.org