



A UW Medicine Community Health Partner™

**Volunteer Services**

**3730 Plaza Way  
Kennewick, WA 99338  
(509) 221-7771**

Dear Volunteer,

Thank you for your interest in joining our volunteer staff at Trios Health. Our organization has a rich history of volunteerism, dating back to the very beginning of our hospital. Our doors opened in 1952 as Kennewick General Hospital as a massive community fundraising effort by volunteers holding bake sales, car washes and soliciting donations. Much of the food served to patients in the early years was grown, canned and donated by the people of Kennewick. You can take pride in knowing you too can make a difference to our patients, their families and our staff members.

As a volunteer, you are a critical member of the Trios team. The service you give contributes to the welfare of our patients and helps the hospital function. Volunteering adds the special, extra touches.

In this application packet, you will find:

- A volunteer application
- Washington State Patrol Request for Criminal History Information
- Emergency Data Information
- Health History Questionnaire

In order to process your application, the entire packet must be completed and submitted. Your references may return their forms separately if that is more convenient for you.

Please mail your completed application packet to Trios Health Volunteer Services, 3730 Plaza Way, Kennewick, WA 99338. After your packet is received, you will be contacted to schedule an interview.

Thank you for considering sharing the gift of your time with Trios Health and our community. We look forward to meeting you!



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*For office use only*  
Date received: \_\_\_\_\_

**VOLUNTEER APPLICATION**

Date: \_\_\_\_\_

\_\_\_\_\_  
Last name                      First name                      Middle initial    Nick name

Date of birth \_\_\_\_\_      Jacket size \_\_\_\_\_  
                         Month      Day      Year

\_\_\_\_\_  
Address (Apt #, if applicable)      City      State      Zip code

Email address \_\_\_\_\_

Home phone \_\_\_\_\_      Cell phone \_\_\_\_\_

Volunteer experience \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Hobbies & personal interests \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Why are you interested in volunteering at Trios Health? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EMERGENCY CONTACT INFO**

**#1 Contact name** \_\_\_\_\_ Relationship \_\_\_\_\_

Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_ Work phone \_\_\_\_\_

**#2 Contact name** \_\_\_\_\_ Relationship \_\_\_\_\_

Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_ Work phone \_\_\_\_\_

**AVAILABILITY**

Please list your availability to volunteer.

Monday \_\_\_\_\_

Tuesday \_\_\_\_\_

Wednesday \_\_\_\_\_

Thursday \_\_\_\_\_

Friday \_\_\_\_\_

Saturday \_\_\_\_\_

Sunday \_\_\_\_\_

**OFFICE USE ONLY**

	Application		Accept
	References		Deny (list reason below)
	WSP background check		
	Database & contacts		
	Interview data and times		Service area placement
	Trios Health orientation scheduled		
	First day of training date		

**Once complete, please mail your application to:**

Trios Health Volunteer Services  
3730 Plaza Way  
Kennewick, WA 99338



**Trios** Health

A UW Medicine  
Community Health Partner™

**VOLUNTEER RECORD OF EMERGENCY DATA**

**Please print**

Name:		Date:
Home address:		
City:	State:	Zip code:

**IN CASE OF EMERGENCY, PLEASE NOTIFY ONE OF THE FOLLOWING PERSONS**

Primary Contact		
First and last name:		Relationship:
Address:		Phone:
City:	State:	Zip code:
Employer:		Work phone:

Secondary Contact		
First and last name:		Relationship:
Address:		Phone:
City:	State:	Zip code:
Employer:		Work phone:

Physician:		Phone:
City:	State:	Zip code:

# WASHINGTON STATE PATROL

Identification and Criminal History Section  
PO Box 42633, Olympia WA 98504-2633



## REQUEST FOR CRIMINAL HISTORY INFORMATION CHILD/ADULT ABUSE INFORMATION ACT RCW 43.43.830 THROUGH 43.43.845

<p><b>(A) REQUESTING AGENCY/ADDRESS</b></p> <p><u>Trios Health</u> Agency</p> <p><u>Human Resources Department</u> Human Resources Department</p> <p><u>Attn</u> Attn</p> <p><u>900 S Auburn</u> Address</p> <p><u>Kennewick, WA 99336</u> Address</p> <p><u>City/State/Zip</u> City/State/Zip</p> <p>I certify this request is made pursuant to and for the purpose indicated.</p> <p>_____ Authorized Signature</p> <p>_____ Date</p> <p><u>Human Resources Mgr.</u> ( 509 ) 221-5650 Title Area Code/Phone Number</p>	<p><b>(B) PURPOSE</b> Check appropriate box</p> <p><input type="checkbox"/> Educational School District (ESD)/School District Volunteer – no fee</p> <p><input type="checkbox"/> Non-Profit Business/Organization – no fee (Excluding Schools &amp; ESD's)</p> <p><input type="checkbox"/> Profit Business/Organization - \$17</p> <p><input type="checkbox"/> Adoptive Parent - \$17</p> <p><input type="checkbox"/> Receive background results electronically</p> <p>Email address _____</p> <p>Password _____ (must be at least 8 characters)</p> <p><b>Fees:</b> Make payable to <b>Washington State Patrol</b> by check, money order, or business account.</p> <p><b>Notary letters certifying the results are available upon request. There is an additional \$10.00 processing fee per notary seal.</b></p> <p>_____ <b>Notarized Letter(s)</b></p>
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**(C) APPLICANT OF INQUIRY** (Please provide as much information as possible; name and date of birth are mandatory.)

Applicant's Name: \_\_\_\_\_  
Last First Middle

Alias/Maiden Name(s): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_  
Month/Day/Year

**Secondary dissemination of this criminal history record information response is prohibited unless in compliance with statute.**

**(D) WASHINGTON STATE PATROL IDENTIFICATION & CRIMINAL HISTORY SECTION**

As of this date, the applicant named below has no record pursuant to RCW 43.43.830 through 43.43.845.

Trios Health  
Requesting Agency

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Applicant's Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State/Zip

**DISCLOSURE STATEMENT -**

To comply with the requirements of the RCW: 43.43.830, we must ask you to complete the following disclosure statement.

- 1. Have you ever been convicted of a crime against children or a **crime against persons? RCW 9.94A.411** (See list bolded convictions on page 2.) \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, please describe and provide the date(s) of trial(s), conviction(s) and the sentence(s) imposed, if any.
  
- 2. Have you ever been convicted of a crime related to financial exploitation? **RCW 74.34** \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, please describe and provide the date(s) of trial(s), conviction(s) and the sentences(s) imposed, if any.
  
- 3. Have you ever been convicted of a crime relating to drugs? **RCW 69.50.401** \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, please describe and provide the date(s) of trial(s), conviction(s) and the sentences(s) imposed, if any.
  
- 4. Have you ever been found in a dependency action, domestic relations proceeding, or disciplinary board final decision to have sexually abused, assaulted or exploited any minor, or to have physically abused any minor? **RCW 26.44.2020** \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, please explain below:
  
- 5. Have you ever been found in any disciplinary board final decision to have abused a vulnerable adult? **RCW 74.34** \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, please explain below:
  
- 6. Have you ever been convicted of any crime in addition to those listed above? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, what was the crime? \_\_\_\_\_

**UNDER PENALTY OF PERJURY, I certify that the above information is true, correct and complete. I understand that if I am hired or selected for volunteer work, I can be discharged for any misrepresentation or omission in the above statement. I also understand that if I am selected it is contingent upon receipt of a satisfactory report from the Washington State Patrol.**

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Please print exact legal name or Maiden name or any name by which you have been known

**Certification concerning Criminal History outside the state of Washington State**

I certify, under penalty of perjury, that I have not been convicted of any of the listed crimes or had findings against me concerning the listed proceedings **outside** the state of Washington.

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Please print exact legal name Maiden name or any name by which you have been known

A provider will ensure that any volunteer, student, employee, or person who will have unsupervised access to any patient shall not have been convicted of a crime listed under RCW 43.43.830 or 43.43.842, or been found to have abused, neglected, exploited, or abandoned a minor or vulnerable adult as specified in RCW 74.39A.056(2). We may request your fingerprints to obtain from the Washington State Patrol criminal identification. If a report is requested from the State Patrol or from DSHS, we will mail you notice of the response and a copy of the report, within ten days after we receive that report.

**Convicted of listed or renamed:**

- Abandonment of a child
- Abandonment of a dependent person not child
- Have you been convicted of any of the following named or renamed: Mark box for Yes.**
- Abuse or neglect or exploitation
- Aggravated Murder**
- Arson, Arson 1**
- Assault, Assault 1,2,3,4**
- Assault 3 Domestic Violence**
- Assault 3 sexual motivated**
- Assault of a child , 1,2,3**
- Bail jumping
- Bomb threat – against a person**
- Burglary, Burglary 1**
- Child buying or selling
- Child molestation, Child molestation 1,2,3**
- Coercion
- Commercial sexual abuse of a minor/ Patronizing a juvenile prostitute
- Communication with a minor for immoral purposes**
- Counterfeiting 9.16.035(4)**
- Controlled substance homicide
- Criminal mistreatment 1 or 2
- Criminal abandonment 1 or 2
- Custodial assault
- Custodial interference
- Custodial sexual misconduct 1 or 2
- Dealing in depictions of minor engaged in sexual explicit conduct
- Domestic Violence (felonies only)
- Domestic Violence order violation**
- Drive-by shooting
- Driving under the influence Felony 46.61.502(6)**
- Endangerment with a controlled substance
- Extortion, Extortion 1 , 2 or 3**
- Forgery
- Harassment
- Harassment Domestic Violence
- Homicide by abuse
- Homicide by watercraft
- Identity theft, Identity Theft 1,2**
- Incendiary devices (possess, manufacture, dispose)
- Incest**
- Indecent exposure/Public indecency (Felony)
- Indecent liberties**
- Kidnapping, Kidnapping 1,2,3**
- Intimidating a Juror**
- Intimidating a Witness**
- Intimidating a Public Servant**
- Leading organized crime
- Luring
- Malicious explosion 1st, 2nd or 3<sup>rd</sup> degree
- Malicious harassment
- Malicious mischief
- Malicious mischief Domestic Violence
- Malicious placement of an explosive 1 or 2
- Malicious placement of an explosive
- Malicious placement of imitation device 1
- Manslaughter
- Malicious placement of imitation device 1
- Manslaughter, Manslaughter 1, 2**
- Murder, Murder 1, 2**
- Patronizing a juvenile prostitute
- Possess depictions minor engaged in sexual conduct
- Possess explosive device
- Promoting pornography
- Promoting prostitution, Promoting prostitution 1, 2**
- Promoting suicide attempt**
- Prostitution
- Physical Control Felony RCW 46.61.504(6)**
- Rape, Rape 1,2,3**
- Rape of child , Rape of child 1,2,3**
- Reckless endangerment
- Registered sex offender
- Residential burglary
- Riot/ Riot Deadly Weapon if against a person**
- Robbery, Robbery 1, 2**
- Selling or distributing erotic material to a minor
- Sending or bringing into the state depictions of a minor
- Sexual exploitation of minors
- Sexual misconduct with a minor
- Sexually violating human remains
- Stalking
- Suicide promoting**
- Theft, Theft 1, 2 or 3
- Unlawful imprisonment**

Continued see Next Page--

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- Unlawful use of bldg. for drug purposes
- Use of machine gun in a felony
- Vehicular assault**
- Vehicular homicide (negligent homicide)**
- Violation of child abuse restraining order
- Violation of civil anti-harassment protection order
- Violation of protection/contact/restraining order
- Manufacture/deliver/intent of Controlled Substance**
- Violation of the Imitation Controlled Substance Act
- Violation of Uniform Controlled Substance Act
- Violation of the Uniform Legend Drug Act
- Violation of the Uniform Precursor Drug Act
- Voyeurism

**Pending Crime** - A person who has a pending crime on the Secretary's List is denied unsupervised access while awaiting a decision by a court, administrative entity, or governmental entity. Upon conviction or acquittal by the court, the Secretary's List is applied.

**Attempt** RCW 9A.28.020;

**Conspiracy** RCW 9A.28.030; and

**Solicitation** RCW 9A.28.040

These crimes may appear with a listed crime, such as Burglary. When the crime of attempt, conspiracy, or solicitation appears in conjunction with a crime on this list, it is treated the same as the listed crime.

**Sexual Motivation** – RCW 9.94A.835 –A person who has a court finding of sexual motivation is denied unsupervised access to vulnerable adults, juveniles, or children.

**Bail Jumping** – RCW 9A.76.170 - A person who has the crime of bail jumping is denied unsupervised access until a court decision is issued for the original crime that required bail. Upon conviction or acquittal by the court, the Secretary's List is applied.

**UNDER PENALTY OF PERJURY, I certify that the above information is true, correct and complete. I understand that if I am selected, I can be discharged for any misrepresentation or omission in the above statement. I also understand that if I am selected it is contingent upon receipt of a satisfactory report from the Washington State Patrol.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Please print exact legal name or Maiden name or any name by which you have been known

**Negative Actions** are considered under individual program law and rule and may lead to denial of unsupervised access to vulnerable adults, juveniles, or children.

A **negative action** is an administrative or civil action taken against an individual and may include:

- A finding that an individual abused, neglected, exploited, or abandoned a vulnerable adult, juvenile or child issued by an agency, an Administrative Law Judge, or a court of law. A finding by an agency is not a negative action if the individual was not given the opportunity to request an administrative hearing to contest the finding
- Termination, revocation, suspension, or denial of a license, certification, and/or State or Federal contract
- Relinquishment of a license, certification, or contract in lieu of an agency negative action
- Revocation, suspension, denial or restriction placed on a professional license
- Department of Health disciplining authority finding
- A protection order issued under chapter 74.34 RCW. (A conviction for violation of a protection order issued under chapter 74.34 RCW is evidence that a protection order was issued).

Sources:

- 1) **DSHS SECRETARY'S LIST OF CRIMES AND NEGATIVE ACTIONS FOR USE BY ALL Programs Administered by DSHS,**  
<https://www.dshs.wa.gov/sites/default/files/CA/pub/documents/secretaryslist.pdf> 03/14/2017 Hb
- 2) **Washington State Legislature website:**  
<http://apps.leg.wa.gov/rcw/default.aspx?cite=9.94A.030>

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**TWO REFERENCES**

Name \_\_\_\_\_ Name \_\_\_\_\_  
 Address \_\_\_\_\_ Address \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
 Phone # \_\_\_\_\_ Phone # \_\_\_\_\_

**SERVICE AREAS**

Please circle your areas of interest for volunteering. A brief description is available below for each service area.

Gift shop cashier      Information desk      Surgery wait desk      Piano      Pet Therapy

**VOLUNTEER SERVICE AREA DESCRIPTIONS**

<b>Gift shop cashier</b>	Gift shop volunteers are responsible for opening and closing the gift shop (depending on their shift), managing transactions at the cash register, assisting customers, pricing inventory as needed, putting out inventory as needed, maintaining the cleanliness of the gift shop, and reconciling the cash register at the beginning and end of each shift.
<b>Information desk</b>	Information desk volunteers will work at either the main hospital lobby desk or the Southridge Care Center front desk. Volunteers in this position are responsible for greeting patients and visitors with a positive demeanor, helping to direct patients and visitors around our facilities, answer questions from patients and visitors, and monitoring the wheelchair supply at the entrances.
<b>Surgery wait desk</b>	Volunteers at the surgery wait desk help to keep the surgery and ambulatory care areas running smoothly. After patients check-in for their procedure, volunteers will greet them and tell them where they can wait for their procedure. Volunteers will also help take patients back for their procedures and help keep family members and/or care partners updated on the patient’s progress. When a patient’s procedure is finished, volunteers help to escort family members and/or care partners to the patient. These volunteers are provided a cell phone to use during their volunteer shift and coordinate closely with the ambulatory care and surgery units.
<b>Piano</b>	Volunteer pianists are authorized users of the Trios Health piano in the main lobby of the Southridge hospital. The pianists play calming, uplifting, and beautiful music that can be heard throughout the halls of the hospitals. Volunteers are responsible for providing their own playbook and must play appropriate music.
<b>Pet Therapy</b>	Pet Therapy volunteers and their dogs who are certified through Love On a Leash or Pet Partners conduct patient visits in the Trios Southridge Hospital to help uplift and comfort patients.