

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!



For office use only	_
Date received:	

VOLUNTEER APPLICATION

Date:					
Last name	Firs	t name	Middle	initial Nick name	2
Date of birth			Jacket size		
Month		Year			
Address (Apt #, if applied	cable)		City	State	Zip code
Email address					
Home phone			Cell phone		
Volunteer experience _					
Hobbies & personal inte	erests				
Why are you interested	l in voluntee	ring at Trios He	alth?		
EMERGENCY CONTACT	INFO				
#1 Contact name			Rela	tionship	
Home phone	(Cell phone	Wor	k phone	
#2 Contact name			Rela	tionship	
Home phone	(Cell phone	Wor	k phone	

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

Gift shop cashier	Gift shop volunteers are responsible for opening and closing the gift shop
Sit Shop cashiel	(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.
Information desk	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.
Surgery wait desk	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.
Piano	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.

AVAILABILITY

lease list your availability to volunteer.
1onday
uesday
Vednesday
hursday
riday
aturday
undav

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



Please print

VOLUNTEER RECORD OF EMERGENCY DATA

Name:			Date:		
Home address:					
City: State:		Zip code:			
IN CASE OF EN	MERGENCY, PLEASE NOTIF	Y ONE OF THE F	OLLOWING PERSONS		
	Primary C	ontact			
First and last name:		Re	Relationship:		
Address:		Ph	Phone:		
City:	State:	Zip code:			
Employer:		Wo	Work phone:		
	Secondary	Contact			
First and last name:		Re	Relationship:		
Address:		Ph	Phone:		
City:	State:	Zip	o code:		
Employer:		Wo	Work phone:		
Physician:			Phone:		
City:	State:		Zip code:		