



Mason Health
Mason General Hospital • Mason Clinic

Dear Volunteer Applicant,

Thank you for your interest in Mason Health's COVID-19 Volunteer program.

Please complete the attached application and return it via email to ihilburger@masongeneral.com

If you are not able to email your application you may mail it to:

Iris Hilburger
Volunteer Services Coordinator
Mason Health
901 Mountain View Drive
P.O. Box 1668
Shelton, WA 98584-8614

When I receive your paperwork, we will advise you of the next steps in the process and provide you with additional paperwork to complete and schedule you for a COVID-19 volunteer orientation.

If you have further questions or concerns, I can be reached at (360) 968-0001 or ihilburger@masongeneral.com

We value the dedication and hours of service our volunteers give each year. Again, thank you for your interest in being part of our team!

Sincerely,

Iris Hilburger | Volunteer Services Coordinator



Mason Health
Mason General Hospital • Mason Clinic

901 Mountain View Drive POB 1668
Shelton, WA 98584

Phone: 360-427-3621 | Ext. 28899

Cell: 360-968-0001 | Fax: 360-432-3267

lhatman@masongeneral.com

Mason Health

COVID Volunteer Application Flow Chart

Application

- * Email the volunteer coordinator for an application or pick up a paper copy at the Volunteer Services desk in Human Resources (downstairs in the hallway with Physical Therapy).
- * Fill out the application completely and legibly.
- * Provide the required documentation of Licensure and vaccination with your application.
- * Don't forget to sign and date the application.

Orientation

- * Once the Volunteer Coordinator receives your application materials (either electronically or on paper) he (or the Education Department) will send you an email with a link to orientation materials or contact you for the next step in the process.
- * If you do not provide an email address these materials must be completed in person at the Volunteer Services Office.
- * Orientation materials will cover such topics as Safety, HIPPA, confidentiality, Emergency Codes, etc..
- * If you do not complete orientation online an open book test will be included with the paper orientation materials. That test must be completed and submitted to the Volunteer Coordinator to show completion of the Orientation materials.
- * If you don't have an email account you can create a free one with gmail, yahoo, or several other online companies. If you do not have a computer; there are computers available for use at no charge at the local Timberland Regional Library.

Onboarding

- * Once your orientation materials have been completed and the Orientation test returned you will be contacted to schedule an onboarding session at the Volunteer Services Office. In some cases the Orientation session and the Onboarding session may be completed together.
- * If they were not provided with your application; Licensure and Vaccination/Health Record documents should be brought to the onboarding session.
- * During the onboarding process there are a number of documents required by law or hospital policy that must be reviewed and signed.

Interview

- * The Volunteer Coordinator will interview applicants to determine their knowledge, skills, abilities, and personal interests to determine the best fit for the volunteer and the hospital.

TB Test/Flu Shot

- * After the onboarding materials are completed the Volunteer Coordinator will schedule Volunteer Applicants for a TB Test/Flu shot if necessary.
- * TB Tests are normally conducted on Tuesdays at 1:30.

Volunteer Scheduling

- * The Volunteer Coordinator will work with Volunteers and Hospital Staff to schedule the volunteer.
- * Volunteers will be scheduled to work with an experienced volunteer/staff member and given a date, time, and location to report.

Please retain this first page with my contact information for your future reference.

Mason Health

COVID-19 Volunteer Application

901 Mt. View Drive/PO Box 1668° Shelton, Washington 98584 ° (360) 968-0001

PERSONAL DATA

Last Name _____ First Name _____

Address _____ City _____ Zip Code _____

Home Phone _____ Cell Phone _____

Email _____

How do you prefer to be contacted? Phone or by Email

Position Applying for:

COVID-19 Admin/Office Volunteer

COVID-19 Clinical Volunteer

IN CASE OF EMERGENCY PLEASE NOTIFY:

Name _____ Relationship _____ Phone _____

REFERENCE INFORMATION

Please provide two references who are not family members:

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

EDUCATION & LICENSURE

High School _____ Graduated Yes No

Degree(s):

College: _____ Degree: _____ Date _____

College: _____ Degree: _____ Date _____

Professional License: _____ State: _____ Issued: _____ Status: Active Inactive Retired

Professional License: _____ State: _____ Issued: _____ Status: Active Inactive Retired

Include copy of licensure with application.

KNOWLEDGE, SKILLS, ABILITIES

Do you have access to and routinely use a computer for email, social media, office work, and internet access?

Yes

No

Please list those computer applications that you are proficient in: _____

What other office equipment are you able to operate?

What specific knowledge, skills, and abilities do you have that would make you a good candidate for a volunteer positions with Mason Health?

AVAILABILITY

1. How soon would you be available to volunteer? _____

2. Which days are you available? _____ What hours are you available? _____

3. Are you available to be called in outside of your normal volunteer time if needed? Yes No

CERTIFICATION, AUTHORIZATION & RELEASE

I certify that the information given by me to Mason Health is true and complete to the best of my knowledge. I understand that, if I am accepted as a hospital volunteer and it is discovered that I gave false, incomplete or if I omit information, it may result in my immediate dismissal. I also understand that if I am hired, my volunteer position is conditioned on your receipt of a satisfactory report from the Washington State Patrol, according to the position for which I am applying.

I authorize Mason Health to solicit information regarding my character, general reputation, previous employment and similar background information, and to contact any and all references I have given on my application. I hereby release all parties and persons connected with any such request for information from all claims, liabilities and damages for any reason arising out of the furnishing of such information. If I am accepted as a volunteer, I release Mason Health from any liability for future reference it may provide regarding my volunteer history at Mason Health.

Applicant's Signature: _____ Date: _____

FOR OFFICE USE ONLY

Interviewed by _____ Date: _____

Assigned position: _____ Department: _____

Orientation date: _____ Department date training: _____