

Volunteer Services – Application Process and Timeline
April 2010 Orientation for New Volunteers

1. Please complete and return the following paperwork to the Volunteer Services Program (address below) by **Friday, April 2, 2010**:
 - a. Volunteer Application (3 pages)
 - b. Hutch School Supplement (if volunteering at Hutch School)
 - c. Copy of your driver's license (or state identification card)
 - d. Immunization/Health Assessment Form (see information below)
 2. You will receive an email/phone call from the Volunteer Services Coordinator at least a week prior to the start of orientation to confirm your attendance and to answer any questions you might have.
 3. Send the personal reference forms and envelopes to the two people that you listed on the application (non-family members only), and ask them to return the forms to the Volunteer Services Program by **Monday, April 12, 2010**.
 4. Participate in the orientation for new volunteers as listed on the Orientation Schedule. **Attendance at BOTH sessions is required.**
 5. Complete the background check and disclosure forms distributed at the beginning of orientation. We conduct a criminal background check on all volunteer applicants.
 6. You will be required to receive **two** tuberculosis (TB) baseline tests at least one week apart and a follow-up exam after each TB test with 48-72 hours (or show documentation of recent TB testing). Individuals who have had a positive reaction to a TB test can request an exemption from annual TB testing. Annual tuberculosis testing and documentation for Chickenpox (Varicella), Measles, Mumps and Rubella are required for all volunteers who have contact with patients. A small blood sample may need to be taken to prove immunization and/or immunity. In addition, volunteers between the ages of 19 and 64 are required to receive a single dose of Tdap vaccine to protect against tetanus, diphtheria and pertussis. This service is provided free of charge by our Occupational Health Nurse and will take place during the training.
 7. After completion of the volunteer orientation, we will schedule an appointment for you to meet with the appropriate department supervisor for an interview.
- * Complete the **Immunization/Health Assessment Form** (or provide copies of records where applicable) and return with your application. To ensure the health of our patients, all volunteers are required to complete this form and follow up as necessary. The Occupational Health Nurse will need time to review these forms before providing the necessary testing therefore it must be completed by the above due date.

Timeline for Orientation:

Friday, April 2 nd	Deadline: Application & Immunization Health Assessment Form
Tuesday, April 6 th , 3:30-6:30pm	Volunteer Orientation – part #1
Thursday/Friday, April 8/9 th	Return to Occupational Health for reading of TB test #1 (takes 10 min)
Monday, April 12 th	Personal Reference Forms due
Tuesday, April 13 th , 3:30-6:30pm	Volunteer Orientation – part #2
Thursday/Friday, April 15/16 th	Return to Occupational Health for reading of TB test #2 (takes 10 min)
April 19 – 30 th	Interview scheduled with department supervisor

****Please return your application, a copy of your driver's license, the Immunization/Health Assessment Form and two references to:**

Volunteer Services Program
Seattle Cancer Care Alliance
825 Eastlake Avenue East, LA-201
P.O. Box 19023
Seattle, WA 98109-1023

Fax: 206.288.1074

We look forward to hearing from you soon! If you have any questions, please call the Volunteer Services Program at 206.288.1072.

**Seattle Cancer Care Alliance and Fred Hutchinson Cancer
Research Center Volunteer Services Program
VOLUNTEER APPLICATION**

Name _____	Home Telephone _____
Address _____	Work Telephone _____
_____	Cellular Phone _____
Email _____	Pager _____

Please note: The following information assists us in assigning volunteers to patients and families, and will not be used in determining eligibility to perform services as a volunteer.

VOLUNTEER EXPERIENCE *(list most recent position first)*

_____	_____
_____	_____

EMPLOYMENT EXPERIENCE *(list most recent position first)*

_____	_____
_____	_____

EDUCATION *(list college degrees, high school and other education)*

_____	_____
_____	_____

Please list foreign language(s) that you speak and indicate level of fluency.

All Volunteers must complete the following:

On our website (www.sccavolunteer.org) are the service descriptions of various volunteer roles at the SCCA, including some of the essential functions of those roles. Do you have any physical, mental and/or sensory disabilities that may prevent you from performing the essential functions of any of these roles?

YES _____ NO _____

If your response is YES, please describe:

Volunteer Services Program Application
Page Two

If you are a former SCCA and/or cancer patient, we ask that you wait at least **one year** post active treatment to become a volunteer. If you have received a bone marrow/stem cell transplant, we ask that you wait at least **two years** post transplant to become a volunteer.

VOLUNTEER SERVICE PREFERENCES

Place a check mark next to the type of volunteer service that you would like to provide – one shift per week is required unless otherwise noted:

- Gift Shop Volunteer** (Monday - Friday, 8am – 12:30pm or 12:00 – 4:30pm)
- Guest Services Volunteer** (Monday - Friday, 8am – 12:00pm or 12:00 – 4:00pm)
- Massage Therapy Volunteer** (Monday - Friday, 8am – 4:30pm; 2 – 4 hour shifts)
- Volunteer Driver** (flexible – weekdays, weekends, daytime, evenings)
- Housing Tour Guide** (Monday - Friday, varies between 9am – 4:00pm; as needed)
- Child Life Volunteer** (Monday - Friday, 8am – 4:30pm; 2 – 4 hour shifts)
- Labyrinth Volunteer** (1st & 3rd Mondays of each month, 12:45 – 4:30pm; once a month or as a floater)
- Hutch School Classroom Volunteer*** (Monday – Friday during school year, 9am – noon)
- Hutch School Tutor*** (Monday – Friday during school year, 12 – 3pm)
- Breast Clinic Volunteer** (referral only)

We are not recruiting for the roles below at this time:

- Patient/Family Volunteer (daytime, weekends, evenings – 1 year commitment)
- Physical Therapy Volunteer (Monday - Friday, 8am – 4:30pm; 2 – 4 hour shifts)
- Patient Education Volunteer (Monday - Friday, 8am – 4:30pm; 2 – 4 hour shifts)
- Patient/Family Resource Center Volunteer (Monday - Friday, 8am – 4:30pm; 2 – 4 hour shifts)

***Hutch School volunteers, please fill out the Hutch School Supplement Application Form.** This can be found in the back of this application or as a separate document online.

Why would you like to volunteer with people with cancer and their families?

**Volunteer Services Program Application
Page Three**

In case of an emergency, please notify: _____ Telephone _____

I understand the seriousness of this volunteer commitment and have answered the application questions honestly and to the best of my knowledge.

Applicant's Signature

Date

Please attach a copy of your Washington driver's license (or state identification card) so that we may complete a background check.

Applications can be mailed to:

Volunteer Services Program
Seattle Cancer Care Alliance
825 Eastlake Avenue East, LA-201
P.O. Box 19023
Seattle, Washington 98109-1023

FAX: 206.288.1074

VOLUNTEER SERVICES STAFF:

Date Received: _____

Notes:

Paperwork Complete:

- Drivers License Copy**
- Reference (1)**
- Reference (2)**



Fred Hutchinson Cancer Research Center
UW Medicine
Seattle Children's



A LIFE OF SCIENCE

_____ has applied to serve as a volunteer at the Seattle Cancer Care Alliance, a partnership between Fred Hutchinson Cancer Research Center, UW Medicine, and Children's Hospital and Regional Medical Center. Your name was given as a personal reference.

Designated as a comprehensive cancer center by the National Cancer Institute, the Hutchinson Center has an international reputation for its pioneering research in bone marrow and peripheral blood stem cell transplantation, cancer prevention, human biology, and the basic sciences. It is considered a place of last hope for critically ill people who have been diagnosed with leukemia, lymphoma, solid tumors, and a variety of blood disorders.

Patients and their family members are in a vulnerable situation while they cope with a difficult medical treatment in an unfamiliar city, often without the support of friends and extended family for several months. We are fortunate to have dedicated volunteers who provide vital practical and social support in a variety of ways.

Every volunteer must be able to support patients and family members in a positive and compassionate manner, while maintaining emotional boundaries. We would appreciate any information that you can share to help us determine the suitability of this person's application to the Volunteer Services Program. Please provide an honest and complete summary of your impressions of the applicant on the reference form that is on the back of this letter. Your comments will be held in strict confidence and will not be shared with the applicant at any time.

We ask that you return your personal reference in the envelope that has been provided as soon as possible. Please do not hesitate to call us at (206) 288-1072 if you have any questions or would like to provide additional information. Thank you very much.

**Volunteer Services Program
Seattle Cancer Care Alliance
825 Eastlake Avenue East, LA-201
P.O. Box 19023
Seattle, Washington 98109-1023**

FAX: 206 288 1074

**Seattle Cancer Care Alliance and Fred Hutchinson Cancer Research Center
Volunteer Services Program**

PERSONAL REFERENCE FORM

Applicant's Name _____

Date _____

How long have you known the prospective volunteer and in what capacity?

Please circle the number in the scale that reflects your opinion of the person. Few people will fall in the highest or lowest categories. Please use these extremes to indicate significant impressions about the person.

	LOW		AVERAGE		HIGH
Stability and harmony of the person's life	1	2	3	4	5
Compassion for other people	1	2	3	4	5
Interpersonal communication and listening	1	2	3	4	5
Ability to be flexible	1	2	3	4	5
Respect of diverse lifestyles, cultures, religions	1	2	3	4	5
Emotional health and boundaries	1	2	3	4	5
Dependability	1	2	3	4	5
Judgment and problem-solving skills	1	2	3	4	5

Has the volunteer applicant experienced a major life transition during the last two years (such as the death of a loved one, serious illness, etc.) that might affect his/her ability to serve as a volunteer? If yes, please explain.

Does the applicant currently have alcohol or drug abuse issues? If yes, please explain.

Please share any additional comments about the volunteer applicant.

NAME _____ **TELEPHONE** _____

(Page 2 of 2 – back)



Fred Hutchinson Cancer Research Center
UW Medicine
Seattle Children's



A LIFE OF SCIENCE

_____ has applied to serve as a volunteer at the Seattle Cancer Care Alliance, a partnership between Fred Hutchinson Cancer Research Center, UW Medicine, and Children's Hospital and Regional Medical Center. Your name was given as a personal reference.

Designated as a comprehensive cancer center by the National Cancer Institute, the Hutchinson Center has an international reputation for its pioneering research in bone marrow and peripheral blood stem cell transplantation, cancer prevention, human biology, and the basic sciences. It is considered a place of last hope for critically ill people who have been diagnosed with leukemia, lymphoma, solid tumors, and a variety of blood disorders.

Patients and their family members are in a vulnerable situation while they cope with a difficult medical treatment in an unfamiliar city, often without the support of friends and extended family for several months. We are fortunate to have dedicated volunteers who provide vital practical and social support in a variety of ways.

Every volunteer must be able to support patients and family members in a positive and compassionate manner, while maintaining emotional boundaries. We would appreciate any information that you can share to help us determine the suitability of this person's application to the Volunteer Services Program. Please provide an honest and complete summary of your impressions of the applicant on the reference form that is on the back of this letter. Your comments will be held in strict confidence and will not be shared with the applicant at any time.

We ask that you return your personal reference in the envelope that has been provided as soon as possible. Please do not hesitate to call us at (206) 288-1072 if you have any questions or would like to provide additional information. Thank you very much.

**Volunteer Services Program
Seattle Cancer Care Alliance
825 Eastlake Avenue East, LA-201
P.O. Box 19023
Seattle, Washington 98109-1023**

FAX: 206 288 1074

**Seattle Cancer Care Alliance and Fred Hutchinson Cancer Research Center
Volunteer Services Program**

PERSONAL REFERENCE FORM

Applicant's Name _____

Date _____

How long have you known the prospective volunteer and in what capacity?

Please circle the number in the scale that reflects your opinion of the person. Few people will fall in the highest or lowest categories. Please use these extremes to indicate significant impressions about the person.

	LOW		AVERAGE		HIGH
Stability and harmony of the person's life	1	2	3	4	5
Compassion for other people	1	2	3	4	5
Interpersonal communication and listening	1	2	3	4	5
Ability to be flexible	1	2	3	4	5
Respect of diverse lifestyles, cultures, religions	1	2	3	4	5
Emotional health and boundaries	1	2	3	4	5
Dependability	1	2	3	4	5
Judgment and problem-solving skills	1	2	3	4	5

Has the volunteer applicant experienced a major life transition during the last two years (such as the death of a loved one, serious illness, etc.) that might affect his/her ability to serve as a volunteer? If yes, please explain.

Does the applicant currently have alcohol or drug abuse issues? If yes, please explain.

Please share any additional comments about the volunteer applicant.

NAME _____ **TELEPHONE** _____

(Page 2 of 2 – back)



Fred Hutchinson Cancer Research Center
 UW Medicine
 Children's Hospital and Regional Medical Center

VOLUNTEER IMMUNIZATION FORM

Please complete this form and return with application to:

**Volunteer Services Program
 Seattle Cancer Care Alliance
 825 Eastlake Avenue East, LA-201
 P.O. Box 19023
 Seattle, Washington 98109-1023
 Fax (206) 288-1074**

Name (Print Legibly) _____ Date of Birth _____

To protect SCCA patients and staff from exposure to and possible transmission of Tuberculosis and vaccine-preventable diseases, the following immunization requirements must be met:

Tuberculosis (TB) Screening

Do you have a history of a positive TB skin test? Yes* No
 If YES, do you have a record of a chest x-ray? Yes* No

**If you have documentation of the positive TB skin test and chest x-ray, please attach copies of your records. If you do not, we will notify you of the procedure for obtaining a chest x-ray.*

Please note: Two-step TB skin testing is required of all new volunteers (two TB skin tests at least one week apart). Once the 2-step baseline tests are completed, annual TB testing is required.

Tdap (Tetanus, Diphtheria, Pertussis)

When did you receive your last tetanus/diphtheria booster shot? _____ (Date) Unsure

Have you received the newly licensed Tdap vaccine? (available since 2005, also called Boostrix or Adacel) Yes* No Unsure

**If you have received the Tdap vaccine, please attach copies of your records.*

Chickenpox (Varicella)

Have you had chickenpox? Yes No Unsure Had vaccine*

**If you have received the varicella vaccine, please attach copies of your records.*

Measles, Mumps, Rubella (MMR)

To show proof of immunity, you must have documentation of receiving TWO measles (rubeola), mumps, rubella or MMR vaccines or documentation of positive blood test results for antibodies to these illnesses.

If you have **all or part of this, please attach copies of your records. If you do not, vaccines/blood tests will be provided.*