



INLAND NORTHWEST BLOOD CENTER
210 W. Cataldo Ave., Spokane WA 99201

VOLUNTEER APPLICATION

Last Name		First Name		Date of Birth	
Mailing Address		City		State	
Home Phone		Cell Phone			
E-Mail Address					
How long at current address?			WA residents: how long in WA?		
If you are under 18 years of age, complete the attached Volunteer Parental Consent Form					

In Which Position(s) Are You Interested?

<input type="checkbox"/> Canteen	<input type="checkbox"/> Courier	<input type="checkbox"/> Telerecruiting
<input type="checkbox"/> Clerical Volunteer	<input type="checkbox"/> Miscellaneous	

Where Would You Like To Volunteer?

<input type="checkbox"/> Regional Headquarters (Spokane)	<input type="checkbox"/> Columbia Basin (Moses Lake)
<input type="checkbox"/> North Idaho (Coeur d'Alene)	<input type="checkbox"/> Mobile Units
<input type="checkbox"/> Lewis-Clark Valley (Lewiston)	<input type="checkbox"/> Community _____

Do you attend school? Which one:

<input type="checkbox"/> SFCC	<input type="checkbox"/> WSU
<input type="checkbox"/> SCC	<input type="checkbox"/> U of I
<input type="checkbox"/> EWU	<input type="checkbox"/> Gonzaga
<input type="checkbox"/> Whitworth University	<input type="checkbox"/> Other: _____

REFERENCES

(Please list current or past employers or other organizations for whom you have volunteered.)

1. _____
Name Phone
2. _____
Name Phone

Have you been convicted of any criminal offense? (May limit to last seven years) Yes No
If yes, please explain – additional paper may be used if needed. Conviction is not an automatic bar from volunteering.

VOLUNTEER AGREEMENT

I, _____, agree to provide volunteer service to the Inland Northwest Blood Center as set forth below. I will:

- ◆ Engage only in those assignments or activities that have been assigned.
- ◆ Not receive monetary compensation for my services.
- ◆ Meet attendance and performance requirements.
- ◆ Not discriminate in the performance of my duties based on race, color, sex, religion, national origin or the presence of any physical, mental or sensory handicap.
- ◆ Not report for volunteer activities under the influence of alcohol or drugs.
- ◆ Report, without delay, any condition that may be potentially dangerous or any other problem to my supervisor or staff member.
- ◆ Not give out or discuss any specific personal information about any individual regardless of the source of information, keeping with laws of confidentiality and the Privacy Act.
- ◆ Follow staff directions while on mobiles / facility grounds.
- ◆ Follow attire guidelines specific to duties assigned.

In consideration of the above conditions, I understand that:

- ◆ I am responsible for my own actions and agree to use due care and caution when providing volunteer service.
- ◆ Should I be injured while engaged in authorized volunteer service I will be covered under INBC liability. I must notify the Volunteer Coordinator or Lead Staff and file a Safety Report immediately.
- ◆ Failure to meet any or all of these conditions may be grounds for termination from participation in the volunteer program.

I hereby affirm that the information provided on this application and any accompanying materials is true and complete to the best of my knowledge. I also agree that any false information or significant omissions may disqualify me from consideration as a volunteer for INBC or continued service at INBC if discovered after I begin volunteering. I understand that INBC may conduct reference and background checks as part of the volunteer selection process. I release, hold harmless and promise not to claim damages from anyone providing information. **I also give my permission to the Inland Northwest Blood Center (INBC) to use my photo or likeness and/or story to assist in volunteer recruitment. Photos may be used in video production, INBC materials, permanent signage, internet, other.**

Signature

Date

The above individual is accepted as a volunteer with INBC

Volunteer Coordinator

Date

VOLUNTEER HARASSMENT POLICY

Every volunteer at INBC has the right to work in an environment free from harassment. Harassment of any volunteer on the basis of his/her race, religion, color, national origin, age, sexual orientation/gender identity or expression, marital status, or the presence of any physical, mental or sensory disability is a serious violation of INBC policy and will not be tolerated.

Harassment can take many forms including slurs, comments, jokes, innuendoes, unwelcome compliments, pictures, cartoons, pranks or other verbal or physical conduct which 1) has the purpose or effect of creating an intimidating, hostile, or offensive working environment; 2) has the purpose of effect of unreasonably interfering with an individual's work performance; or 3) otherwise unreasonably affects an individual's employment opportunities.

SEXUAL HARASSMENT is a type of harassment and occurs when the verbal and physical conduct described above is sexual in nature or is gender-based—that is, directed at a person because of their gender. Sexual harassment exists in the workplace when 1) submission to the conduct is either explicit or implicitly a term or condition of employment , 2) submission to or rejection of the conduct is used as a basis for an employment decision affecting such individual or 3) the conduct unreasonably interferes with the individual's job performance or creates a work environment that is intimidating, hostile or offensive.

Sexual harassment includes unwelcome **verbal behavior** such as comments, suggestions, jokes or derogatory remarks based on sex, **physical behavior** such as pats, squeezes, repeatedly brushing against someone's body, or impending or blocking normal work movement; **visual harassment** such as posting of sexually suggestive or derogatory pictures, cartoons or drawings, even at one's work station; **unwanted sexual advances**, pressure for sexual favors and/or basing employment decisions (such as an employee's performance evaluation, work assignment, or advancement) upon the employee's acquiescence to sexually harassing behavior in the workplace.

In order to support INBC's zero-tolerance policy, behavior in the workplace that could constitute harassment, whether welcome or not, is prohibited. If an employee has been subjected to harassment of any kind, he/she is encouraged to immediately identify the offensive behavior to the harasser and ask that it stop. If he/she is uncomfortable in addressing the matter directly with the harasser, or if it is addressed and the behavior does not stop, then the matter should immediately be discussed with INBC's Volunteer Coordinator, Human Resources, or any INBC supervisor/manager/director with whom the employee/volunteer feels comfortable.

All complaints will be investigated promptly, impartially and discreetly. Upon completion of the investigation, the appropriate parties will be notified of the findings. Any supervisor, agent or other employee who has been found to have harassed an employee/volunteer will be subject to appropriate corrective action, ranging from a disciplinary warning to termination. **No employee will suffer retaliation in any form from reporting instances of harassment.**

INBC trusts that everyone working at INBC, whether on a paid or unpaid basis, will act responsibly to maintain a pleasant work environment, free of discrimination and harassment, allowing each employee to perform his/her maximum potential. INBC encourages any volunteer to bring questions he/she may have regarding this policy to Human Resources.

I have read and understand INBC's Volunteer Harassment Policy.

Signature _____

Date _____

Printed Name _____

Date _____

ACKNOWLEDGEMENT OF POTENTIAL EXPOSURE TO BLOODBORNE PATHOGENS POLICY

This policy is designed to prevent the transmission of bloodborne pathogens by minimizing occupational exposure. I understand that failure to follow proper procedures may result in an increased risk of infection. I agree to follow the guidelines as outlined below:

- ◆ Blood and other materials are potentially infectious; therefore, universal precautions shall be observed to prevent contact with blood or other potentially infectious materials (OPIM).
 - ◆ Personnel with an open skin rash, wounds or other non-intact skin shall not be permitted to work without these areas being adequately protected. Contact Lead Staff for assistance if necessary.
 - ◆ Gloves shall be worn when handling blood or tissue samples and when hands are directly exposed to blood, plasma or OPIMs.
 - ◆ A lab jacket or coat shall be worn at all times in contaminated work areas and **MUST** be removed when entering clean areas (i.e., offices, canteen, meal breaks etc.)
 - ◆ Eye protection shall be used when performing a task where there is a reasonably anticipated chance for a blood splatter, splash or aerosol.
 - Splashguards are provided by INBC and must be used when operating the heat sealer.
 - Eyewashes are available in each contaminated work area as well as other convenient locations.
 - Locator maps illustrate the location of each eyewash station at INBC Regional Headquarters.
 - ◆ If an exposure to the eyes or face occurs to personnel during a mobile drive, Lead Staff will provide assistance to the individual in flushing exposed area. Contact lenses (if applicable) should always be removed prior to flushing eye.
 - ◆ Signs and labels designed to communicate a biohazard risk must include the universal biohazard symbol.
 - Red bags and/or red containers may be substituted as labels.
 - Red bags and/or red containers are always considered contaminated with biohazardous materials and require no further labeling.
 - ◆ Contaminated waste is discarded in appropriate biohazard waste receptacles and non-biohazardous material in clean trash receptacles.
 - ◆ Eating, drinking and food storage is not permitted in work areas classified as contaminated. Drinking is allowed in clean areas only. Donors are allowed to drink/eat in a contaminated drawing area when an adverse reaction occurs and is requested by drawing staff.
 - ◆ Hands should be washed with bactericidal soap after performing procedures that require handling blood before leaving the work area and after using restroom facilities.
 - ◆ Blood spills, contaminated counters and work surfaces will be appropriately cleaned with an approved disinfectant.
 - ◆ Exposure to blood or OPIMs must be reported promptly to Lead Staff, who will then assist in filling out a Safety Report.
- I have completed the Initial Computer-Based Bloodborne Pathogen Exposure Control training and understand the material presented.*
- I have attended a Bloodborne Pathogen Exposure Control training session with an INBC representative and understand the material presented.*
- I am not volunteering in an area which has the potential to cause exposure to blood or OPIM. I have read and discussed this form with an INBC staff member.*

Volunteer Signature / Date

Trainer Signature / Date

Volunteer HIPAA and Confidentiality Training

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) is a federal law directly affecting health care facilities concerning the privacy of protected health information. Several sections of the law cover health care billing practices, security of health related information, access to information and release and handling of protected health information. HIPAA is designed to protect an individual's right to privacy concerning personal health information.

INBC's HIPAA program includes a brochure titled *Donor Privacy Practices* (INBC Form CS 5008) that describes how INBC has implemented HIPAA for blood donors. Read the *Donor Privacy Practices* brochure and ask INBC staff if you have questions.

How YOU can protect the confidentiality of information:

- ◆ Ensure INBC or INBC-related information (including documentation, notes, files, records, oral information, computer files or similar materials) is not removed from INBC.
- ◆ Ensure that distribution and/or disclosing information is strictly prohibited.
- ◆ Ensure that only those who "need to know" have access to private (confidential) information. Confidential information includes, but is not limited to, the reasons a person may not be able to donate, testing information, medical history information, and personal demographic information. If you have access to sensitive information, recognize your role to keep this information secure and confidential.
- ◆ Keep conversations with other people on topics unrelated to personal and/or health related topics. If a person openly discusses private information, he/she has that right. What the law specifically targets is others discussing private information without the person's consent.
- ◆ Think before you speak! Do not talk about a person's private information to others. By participating in the blood drive, you may be exposed to or learn of private information. If a person chooses to discuss their information, they have that option. You don't.
- ◆ Seek assistance from INBC staff when privacy questions arise. They will help you.
- ◆ Take action when you identify privacy "problems". For example, if you see an INBC donor record lying in an awkward location, give the record to INBC staff. Help identify and control privacy problems!

Inland Northwest Blood Center's HIPAA Contacts

Privacy Officer: Mellody Descoteaux, Project Manager

Security Officer: Sonja Sallquist, Computer & Information Services Director

You can contact either Mellody or Sonja by calling (509) 624-0151 or (800) 423-0151

By signing below, you acknowledge that you have read, understand, and have had the opportunity to have your questions answered concerning the information printed above. Once signed, this record of your HIPAA program and confidentiality policy training for volunteers will be placed in your Volunteer File.



Volunteer's Signature

Date

MINOR VOLUNTEER PERMISSION & RELEASE

I give permission for Inland Northwest Blood Center (INBC) to conduct a background check with the local Juvenile Court and the Washington State Patrol to determine if I have a juvenile criminal history. I understand that the background checks are required as part of the application process to become a volunteer.

I understand that I will be notified of the results of the Washington State Patrol background check.

Student Signature

Date

Printed Name

Parent/Guardian Permission & Release

I give permission for my son/daughter to become a volunteer at INBC. I understand that my son/daughter will be assigned to work under the supervision of an adult in a fixed site canteen or office setting. During the school year, volunteer hours will not exceed 20 hours/week and hours/day will not exceed 4 hours during the school week, 8 hours during weekends. During the summer, volunteer hours will not exceed 48 hours/week and hours/day will not exceed 8 hours.

I also authorize INBC to conduct a background check with the local Juvenile Court and Washington State Patrol to determine if my son/daughter has any juvenile criminal conviction record.

Parent/Guardian Signature

Date

Print Name

Juvenile Court Clearance

Date: _____

Court Staff Name: _____

Record: Yes No

Comments: _____

HR Staff: _____
Initial/Date



Pre-Employment Screening - Search Request Form

www.pinnacleprof.net

Phone Number (509) 891-1266

Fax Number (509) 891-8527

Date: _____

Contact Name: _____

Phone Number: **509-232-4496**

Company: **Inland NW Blood Center**

Fax Number: **509-232-4530**

*****Please check the services you are requesting*****

Criminal History Search

Credit Bureau Inquiry

Employment References

Civil Court Records

Education Verification

Social Security Trace

Driving Records

Professional Certification

Name: _____
Last First Middle

Aliases/Maiden Name: _____

Date of Birth: _____ Social Security #: _____

DL# _____ State Issued: _____ Expires: _____

List Addresses for **Past 7 Years:**

Current Address: _____
Street City State Zip Code

Previous Address: _____
Street City State Zip Code

Previous Address: _____
Street 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

(Instructions on Reverse Side)

<p>A REQUESTING AGENCY/ADDRESS Inland Northwest Blood Center</p> <p>Agency Human Resources</p> <p>Attn 210 W. Cataldo Ave.</p> <p>Address Spokane, WA 99201</p> <p>City/State/Zip</p> <p>I certify this request is made pursuant to and for the purpose indicated.</p> <table border="1"><tr><td>Authorized Signature Human Resources</td><td>Date ()</td></tr><tr><td>Title</td><td>Area Code/Phone Number</td></tr></table>	Authorized Signature Human Resources	Date ()	Title	Area Code/Phone Number	<p>B PURPOSE Check appropriate box</p> <p><input type="checkbox"/> Educational School District (ESD)/School District Volunteer - no fee</p> <p><input checked="" type="checkbox"/> Non-Profit Business/Organization - no fee (Excluding Schools & ESD's)</p> <p><input type="checkbox"/> Profit Business/Organization - \$35</p> <p><input type="checkbox"/> Adoptive Parent - \$35</p> <p>Fees: Make payable to Washington State Patrol by check, money order, or business account.</p> <p>Notary letters certifying the results are available upon request. There is an additional \$5.00 processing fee per notary seal. _____ Notarized Letter(s)</p>
Authorized Signature Human Resources	Date ()				
Title	Area Code/Phone Number				

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

Social Security Number: _____ Driver's Lic. Number/State: _____ / _____

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

D WASHINGTON STATE PATROL IDENTIFICATION & CRIMINAL HISTORY SECTION

WSP Use Only

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

Requesting Agency _____

Applicant's Signature _____

Applicant's Name _____

Address _____

City/State/Zip _____

Applicant Right Thumb Print (Optional)
