



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

### VOLUNTEER APPLICATION

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

#### 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 BSI 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 \_\_\_\_\_

# 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* 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. HIPAA specifically targets 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 Contact***

Mellody Descoteaux, Continuous Improvement Manager

(509) 624-0151 or (800) 423-0151  
mellody.descoteaux@inbc.org

Your signature below indicates you understand the information above and had an opportunity to have your questions answered. 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

## **ACKNOWLEDGEMENT OF *WORKPLACE VIOLENCE* POLICY For INBC Volunteers**

Inland Northwest Blood Center (INBC) is committed to providing a safe work environment free from violence for all employees, volunteers, donors, and/or visitors. Any type of actual or threatened workplace violence whether in person, by telephonic, electronic or other means, committed by or against an employee or volunteer will not be tolerated. By way of example and not limitation, the following is a list of conduct that is strictly prohibited and may be cause for disciplinary action up to and including termination.

- ◆ An act, which is physically assaultive
- ◆ Behavior that a reasonable person would perceive as obsessively directed (e.g. intensely focused on a grudge, grievance, or romantic interest in another person, and reasonably likely to result in harm or threats of harm to persons or property)
- ◆ Making implied or actual threatening remarks
- ◆ Aggressive or hostile behavior that creates a reasonable fear of injury to another person or subjects another individual to emotional distress
- ◆ Intentionally damaging or threatening to damage employer property or property of another employee
- ◆ Possession of a dangerous weapon or firearm while on INBC property or while performing INBC business at other locations including parking lots. A dangerous weapon is any instrument capable of producing bodily harm, in a manner, under circumstances, and at a time and place that manifests an intent to harm or intimidate another person or that warrants alarm for the safety of another person
- ◆ Committing acts motivated by, or related to, sexual harassment or domestic violence
- ◆ Intimidating or coercing another individual

Threats, threatening conduct or any other acts of aggression or violence will not be tolerated. Non-employees engaged in actual or perceived violent acts on INBC premises, in an INBC vehicle or at an INBC mobile blood drive setup will be reported to the proper authorities and fully prosecuted.

Employees/Volunteers are expected to refrain from acts of violence and to seek assistance to resolve issues that may lead to acts of violence in the workplace.

INBC does not expect employees/volunteers to be skilled at identifying potentially dangerous persons; however, employees/volunteers are expected to exercise good judgment and to inform their supervisor/manager/director or Human Resources (HR) if any person, including employees, volunteers, donors, vendors, solicitors or other visitors, exhibits warning signs or behavior that the employee perceives to be a sign of a potentially dangerous or threatening situation. Behaviors that may indicate a likelihood of violence include, but are not limited to, the following:

- ◆ Outbursts of hostility, anger or rage without provocation;
- ◆ Obvious signs of extreme stress or resentment

**ACKNOWLEDGEMENT OF *WORKPLACE VIOLENCE* POLICY  
For INBC Volunteers**

- ◆ Displays of erratic, irrational or inappropriate behavior;
- ◆ Sudden or significant deterioration of performance;
- ◆ Threats or verbal abuse made by an employee or aimed at an employee;
- ◆ Comments about violence and/or suicide;
- ◆ Comments about or displays of firearms or other weapons;
- ◆ Extraordinary use of company systems or vehicles;
- ◆ Expressions of fear or anxiety by co-workers;
- ◆ High frequency of phone calls or visits by a non-employee or stranger that cause an employee/volunteer to be distracted or distressed;
- ◆ Personal or electronic delivery of notes, messages, gifts, symbolic items that cause fear or apprehension;
- ◆ Broken windows, doors that have been blocked open, fences that have been cut, graffiti, or other evidence of criminal activity;
- ◆ Surveillance of employees; and/or
- ◆ Missing or disturbed mail, photographs or other items.

Any employee or volunteer having been subject to or having witnessed violent behavior or who has identified the warning signs or violence should immediately contact a supervisor/manager/director or HR. Reports may be made orally or in writing, regardless of the relationship between the reporting individual and any involved parties, and submitted to HR. Reports may also be made anonymously. All reported incidents will be promptly investigated. Reports or incidents warranting confidentiality will be disclosed to others only where business necessity requires disclosure. No employee will be penalized, disciplined, or retaliated against for bringing forth such concerns or for being the victim of violence.

In order to maintain workplace safety and the integrity of its investigation, INBC may suspend volunteers pending investigation of alleged violent or threatening activities. Based on INBC's investigation, appropriate action will be taken to effectively eliminate and prevent threats and/or violence in the workplace.

Employees/volunteers are required to report situations occurring outside the workplace that may affect workplace safety even if the order is temporary. For example, where civil or criminal orders of protection restrict any individual's contact with an INBC employee or volunteer at his/her workplace, or list INBC as a protected area. The employee/volunteer must provide a certified copy of the order to HR so that proper precautions may be taken. Where an employee or volunteer fails to provide INBC with notice of an outside danger and thereby subjects any employee, volunteer, vendor, or donor to any form of danger, disciplinary action may follow.

**ACKNOWLEDGEMENT OF *WORKPLACE VIOLENCE* POLICY  
For INBC Volunteers**

INBC reserves the right to conduct searches of any person, vehicle or object that enters or is located on INBC premises, in an INBC vehicle or at an INBC mobile blood drive setup. This includes, but is not limited to, desks, lockers, purses, briefcases, lunch sacks, and clothing. Searches may be conducted by INBC management or local authorities. If the search is done at the request of management and in the presence of the employee, the employee/volunteer may refuse the search, but such refusal can result in termination of employment for refusal to cooperate. INBC reserves the right to conduct searches or authorize searches by law enforcement on its property without the employee/volunteer being present.

INBC does not tolerate any form of violence in the workplace. Any employee or volunteer found to have violated the above policy would be subject to disciplinary action, up to and including immediate termination of employment. Furthermore, INBC will take any precaution necessary to prevent acts of violence in the workplace.

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**Volunteer's Printed Name**

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**Volunteer's Signature / Date**

**MINOR VOLUNTEER PERMISSION & RELEASE**

I give permission for Inland Northwest Blood Center (INBC) to conduct a background check with the Washington State Patrol and contracted professional agency to determine if I have a 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 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 to determine if my son/daughter has any criminal conviction record.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name





# 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><b>A REQUESTING AGENCY/ADDRESS</b> 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</td><td>Date</td></tr><tr><td>Human Resources</td><td>( )</td></tr><tr><td>Title</td><td>Area Code/Phone Number</td></tr></table>	Authorized Signature	Date	Human Resources	( )	Title	Area Code/Phone Number	<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 checked="" type="checkbox"/> Non-Profit Business/Organization – no fee (Excluding Schools &amp; ESD's)</p> <p><input type="checkbox"/> Profit Business/Organization - \$35</p> <p><input type="checkbox"/> Adoptive Parent - \$35</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 \$5.00 processing fee per notary seal.</b> _____ Notarized Letter(s)</p>
Authorized Signature	Date						
Human Resources	( )						
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)

\_\_\_\_\_