



STUDENT VOLUNTEER APPLICATION

- Summer
- Fall

I have included the following:

- Letter of Intent
- Letter of Recommendation
- Unofficial Transcripts

Identification:

Last Name	First Name	Middle Initial	Preferred Name
Address			Date
City	State	Zip Code	Home Phone
Email address			Cell Phone
Emergency Contact (Name/Relationship)			Emergency Contact Phone

Education:

High School	Year Completed
College	Class standing (example: sophomore)
Major area of study/degree	

Past Work/Volunteer Experience:

Employer	End Date	Position
Phone	Supervisor's Name	
Employer	End Date	Position
Phone	Supervisor's Name	

Availability: Please indicate the days/times you are available to volunteer.

	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
AM							
PM							

Comments regarding your availability:

References (do not include family members)

Name	Phone	Relationship
Name	Phone	Relationship

Area of Interest: Please mark all that apply

- Emergency Department Med/Surg/ICU BirthPlace After Hours Front Desk
- Physical Therapy Occupational Therapy Pharmacy

Acknowledgement:

I certify the information set forth in this application is true and complete to the best of my knowledge. I am aware that this is a two consecutive semester commitment and if I leave the program early I am subject to pay all costs incurred by the hospital for my onboarding. I understand that, if selected for a volunteer position, falsified statements on this application or failure to furnish all requested information shall be considered sufficient cause for my dismissal from the volunteer program.

Signature of Applicant

Date

Pullman Regional Hospital Volunteer Services
 Nikki Nolt, Volunteer Coordinator
 835 SE Bishop Blvd. Pullman, WA 99163
 509-336-7391 • volunteers@pullmanregional.org

Application Instructions

Applications must be received by the closing date to be considered. Please see the PRH website or contact Volunteer Services for closing date information. Application packets can be returned via mail, e-mail or by dropping them off at the front desk of the hospital.

Incomplete applications will not be considered. Applications must include the following:

- Letter of Intent
- Letter of Recommendation
- Academic Transcript

Your letter of intent should briefly describe your interest in this program as it relates to your long-term educational and career goals. This should include some information about your degree program and anticipated graduation date, as well as your future plans. Please also address what motivated you to consider a healthcare career and what you expect to gain from this program.

Your letter of recommendation should be from someone who knows you well in a professional, educational, or previous volunteer setting, such as a professor/advisor or supervisor. The letter should address your accomplishments, character, and potential for successful completion of the program.

A current transcript is required. An unofficial copy is acceptable.

If accepted into the program you will be asked to complete a health clearance. This includes documentation of 2 MMR and 2 Varicella Vaccines as well as a current TB test. More details will be distributed upon offer.