



**Pullman Regional Hospital Volunteer Services**  
 Nikki Nolt, Volunteer Coordinator  
 835 SE Bishop Blvd. Pullman, WA 99163  
 509-336-7391 • [volunteers@pullmanregional.org](mailto:volunteers@pullmanregional.org)

**COMMUNITY VOLUNTEER APPLICATION**

**Identification:**

Last Name	First Name	Middle Initial	Name You Prefer
Address			Date
City	State	Zip Code	Home Phone
Email address			Cell Phone

**Education and Work Experience:** Please circle the last grade completed.

High School	Graduation Date
9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/>	
College	Graduation Date Major Occupation
1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5+ <input type="checkbox"/>	

**Area of Interest:** Please select the area where you are most interested in volunteering.

<b>Community Volunteers</b>	<b>Auxiliary</b> requires membership and payment of dues
<input type="checkbox"/> <b>Chaplain*</b> <input type="checkbox"/> <b>Information Desk</b> <input type="checkbox"/> <b>Music*</b> <input type="checkbox"/> <b>Music &amp; Memory*</b> <input type="checkbox"/> <b>Patient Support Volunteers*</b> <input type="checkbox"/> <b>Prescription Pets*</b> <input type="checkbox"/> <b>Other (ARES*, clerical, etc.)</b>	<input type="checkbox"/> <b>Diane’s Gift Garden</b> <input type="checkbox"/> <b>Special Events</b>

**\*These programs require specialized training or skills.**

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

	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
AM							
PM							
Comments regarding your availability:							

**Emergency Contact:**

Last Name	First Name	Relationship to you
Home phone		Other phone (work/cell)

**Why are you interested in volunteering with us?**

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**Please list skills or experiences you have that you think might benefit our patients, staff, or community.**

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**What else would you like us to know about you?**

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**As an organization, we value commitment and consistency. We request a minimum six month commitment from our volunteers. Can you meet this requirement? If not, please explain below.**

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**Are you required to volunteer? If so, what are the requirements and when do you need to meet them?**

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**Please describe any previous volunteer experience, including the length of your commitment and reason for leaving.**

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**Acknowledgement:**

I certify the information set forth in this application is true and complete to the best of my knowledge. 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. I understand that as a volunteer, I must abide by all Pullman Regional policies & procedures, including holding patient information in strict confidence. Additionally, I am not entitled to and will not receive any compensation, salary, benefits, or other payment in exchange for my services.

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Signature

Date

**Mission**

Pullman Regional Hospital exists to nurture and facilitate a healthier quality of life for our community.

**Vision**

Pullman Regional Hospital is a community leader of integrated health and healing activities where our values guide and inspire, and science and technology quietly enable people to comfort, encourage, and heal.

**Values**

As we pursue our shared vision for the future, we value: personal integrity and commitment to provide compassionate, responsible, quality services to our community; an environment that allows individuality, teamwork, and communication to flourish; the enriching nature of diversity, creativity, and innovation; and honesty and leadership in an atmosphere of mutual respect and trust.