



Dear Volunteer or Job Shadow Applicant,

Thank you for your interest in volunteering with Mason Health or for requesting a job shadow. Please complete the attached application and return it via email to [klutey@masongeneral.com](mailto:klutey@masongeneral.com)

If you are not able to email your application, you may mail it to:

Kim Lutey  
Volunteer Program Specialist  
Mason Health  
901 Mountain View Drive  
P.O. Box 1668  
Shelton, WA 98584-8614

After your paperwork is received, we will advise you of the next steps in the process and provide you with additional paperwork to complete and schedule you for an orientation.

If you have further questions or concerns, I can be reached at (360) 968-0001 or [klutey@masongeneral.com](mailto:klutey@masongeneral.com)

We value the dedication and hours of service our volunteers give each year. Again, thank you for your interest in being part of our team!

Sincerely,

Kim Lutey | Volunteer Program Specialist



901 Mountain View Drive POB 668  
Shelton, WA 98584

Phone: 360-427-3621 | Ext. 28899  
Cell: 360-968-0001 | Fax: 360-432-3267  
[klutey@masongeneral.com](mailto:klutey@masongeneral.com)



## Mason Health Volunteer & Job Shadow Application

PO Box 1668 • Shelton, Washington 98584 • (360) 968-0001 • klutey@masongeneral.com

### CONTACT INFORMATION

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

How do you prefer to be contacted? (Circle one):      Phone      or      Email

### POSITION TYPE

**Position Applying for (you can select both):**

Volunteer

Job Shadow

### EMERGENCY CONTACT & REFERENCE INFORMATION

**In case of emergency please notify:**

Name \_\_\_\_\_ Phone \_\_\_\_\_

**Please provide two references who are not family members:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

### EDUCATION & LICENSURE

High School \_\_\_\_\_ Graduated:  Yes  No

Degree(s):

College: \_\_\_\_\_ Degree: \_\_\_\_\_ Date \_\_\_\_\_

College: \_\_\_\_\_ Degree: \_\_\_\_\_ Date \_\_\_\_\_



**Mason Health**  
Mason General Hospital • Mason Clinic

\_\_\_\_\_ State: \_\_\_\_\_ Issued: \_\_\_\_\_ Status: Active    Inactive    Retired    Professional License:  
Professional License: \_\_\_\_\_ State \_\_\_\_\_ Issued: \_\_\_\_\_ Status: Active    Inactive    Retired

Include copy of licensure with application.

**KNOWLEDGE, SKILLS, ABILITIES**

Do you have access to and routinely use a computer for email, social media, office work, and internet access?

Yes

No

Please list those computer applications that you are proficient in: \_\_\_\_\_

What other office equipment are you able to operate?  
\_\_\_\_\_  
\_\_\_\_\_

What specific knowledge, skills, and abilities do you have that would make you a good candidate for a volunteer position with Mason Health?  
\_\_\_\_\_  
\_\_\_\_\_

**AVAILABILITY**

1. How soon would you be available to volunteer? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Which days are you available? \_\_\_\_\_

3. What hours are you available? \_\_\_\_\_

4. Are you available to be called outside of your normal volunteer time if needed?     Yes     No



**Mason Health**  
Mason General Hospital • Mason Clinic

CERTIFICATION, AUTHORIZATION & RELEASE

I certify that the information given by me to Mason Health is true and complete to the best of my knowledge. I understand that, if I am accepted as a hospital volunteer and it is discovered that I gave false, incomplete or if I omit information, it may result in my immediate dismissal. I also understand that if I am hired, my volunteer position is conditioned on your receipt of a satisfactory report from the Washington State Patrol, according to the position for which I am applying.

I authorize Mason Health to solicit information regarding my character, general reputation, previous employment and similar background information, and to contact any and all references I have given on my application. I hereby release all parties and persons connected with any such request for information from all claims, liabilities and damages for any reason arising out of the furnishing of such information. If I am accepted as a volunteer, I release Mason Health from any liability for future reference it may provide regarding my volunteer history at Mason Health.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR OFFICE USE ONLY**

Interviewed by \_\_\_\_\_ Date: \_\_\_\_\_

Assigned position: \_\_\_\_\_ Department: \_\_\_\_\_

Orientation date: \_\_\_\_\_ Department date training: \_\_\_\_\_