

Northwest Washington Medical Society

Internship/Volunteer Program

Purpose

- To provide an opportunity for students to participate and experience facets of the healthcare industry by volunteering in the local county medical society.
- To ensure that the confidentiality of member and client information is maintained.
- To ensure that clients are given appropriate resources for the information requested.
- To ensure that the mission statement of the NWMS is upheld: *To strengthen and sustain the physician community in Whatcom and San Juan Counties*

Procedure

1. Complete internship application
 - Fill in requested information
 - Designate the scope, date and duration of experience
 - Sign a confidentiality agreement
2. NWMS shall retain the right to refuse permission to any Intern who has applied for an internship
3. NWMS Executive Director and Board of Trustees shall retain the right to communicate with academic advisors, if applicable, of the interns for the sole purpose of the internship.

Intern/Volunteer means an individual who is currently enrolled in a pre-med or health services program and wishes exposure to real work experience through a volunteer capacity at the NWMS

- Interns/Volunteers will not receive any financial compensation for hours worked
- Interns/Volunteers may receive credit if approved through their educational institution
- NWMS will reserve the right to not give recommendations for volunteers



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Applicant Information

Full Name: _____

Address: _____

Phone Number: _____ Year of Study: _____ Degree Track: _____.

Emergency Contact: _____

Advisor Name and Contact: _____

Describe areas of interest and what you expect to learn and experience during your internship:

Dates/Times Available: _____

Interns Signature

Date



Northwest Washington Medical Society

Internship Agreement

I, _____, agree to the following internship with The Northwest Washington Medical Society located at 2219 Rimland Drive, Suite 301, Bellingham, Washington. I commit to working the agreed schedule of:

from the start date of _____ to the end date of _____.

At the completion of the internship I will provide a summation of my experiences by:

I release Northwest Washington Medical Society from liability claims for loss or injury that arises from the negligent or wrongful acts or omissions of the employees or agents of NWMS. I understand that I cannot provide any direct client care, and that any information I might see pertaining to a member of a client is to be kept in strict confidence.

Interns Signature

Date

NWMS responsibility:

- NWMS will strive to guide this individual through real work experience related to medical society administration and client referral services.
- NWMS will inform the Interns of all customary precautions, including applicable policies and procedures, which apply to this experience.
- NWMS will present proof of internship and facilitate within reason the documentation for approved college credit.

Executive Director/Trustee Signature

Date