



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 (see below).

Procedure:

1. Complete internship application:
 - Fill in requested information
 - Designate the scope, date and duration of experience
 - Sign a confidentiality agreement
2. Northwest Washington Medical Society 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



Mission Statement

To strengthen and sustain the physician community in Whatcom and San Juan Counties.

Core Values

- *We work together as physicians, across organizations and specialties, to serve our patients, our community, our profession, and our members.*
- *We promote ethical and effective medical care and advocate for the conditions and resources needed for its practice.*
- *We work with our partners in Whatcom and San Juan Counties to address challenges to the health of our community and to assure that our community is provided medical care of the highest quality.*

Expectations of Interns & Volunteers

Listed below is what is expected of you when you participate in this program:

- To respect the members' and clients' confidentiality. You are not to discuss any client medical history, or his/her reason for requesting information with anyone other than the NWMS Executive Director or the Board of Trustees.
- To conduct yourself in a professional, courteous and responsible manner.
- To understand that dealing with clients can involve situations that will require a degree of sensitivity to the need of the callers and to understand the boundaries of NWMS to provide callers with referrals, not medical advice.
- To dress appropriately in 'business casual' when working in the offices of the Northwest Washington Medical Society.
- To confirm with Executive Director office times and dates of volunteer schedule.
- To call in advance if you are unable to work your appointed schedule.
- **To not advise any medical care, regardless of questions posed by clients. NWMS is a referral entity only, NOT a medical office.**
- **To keep in STRICT confidence ANY member information that is PERSONAL.**

_____ initials



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



NWMS APPLICANT CONTACT INFORMATION

NAME: _____
Last First M.I.

YEAR OF STUDY: _____ EMERGENCY CONTACT: _____

ADDRESS: _____

PHONE NUMBER(S): _____

DEGREE TRACK: _____

ADVISOR NAME & CONTACT: _____

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

DATES/TIMES AVAILABLE :

Date

Applicant's Signature

APPROVALS	
_____	_____
Administration	Site PM