

The Confederated Tribes of the Colville Reservation

San Poil Treatment Center

1161 South Highway 21

Keller, WA 99140

Phone (509) 634-2050

SAN POIL TREATMENT CENTER VOLUNTEER APPLICATION

A	APPLICANT INFORMATION	
Name:	Today's Dat	e:
Phone #:	Email:	
Mailing Address:		
Reference List: Please provide at least	two references	
Name:	Relationship:	Phone#:
Name:	Relationship:	Phone#:
Name:	Relationship:	Phone#:
SCREENING (CHECKLIST *FOR SPTC EM	IPLOYEE USE*
Screening Interview Date:		
Background Check Completion Date:_		
TB Test Date *copy in file*:		
COVID-19 Vaccination Verification &	Negative COVID-19 Test *co	opy in file*:
Orientation Date:		