

PLEASE PRINT CLEARLY

Legal First Name _____ Legal Last Name _____ Legal M.I. _____

Street Address _____ Apt. or Unit _____

City _____ State _____ Zip _____ Home Phone (____) _____

Email address _____ Cell Phone (____) _____

Emergency Contact Name _____ Emer. Phone (____) _____

Relationship _____

Please check all locations, months, days and shifts you want to volunteer:

Banner Del E. Webb, Sun City West, AZ Other Banner(s) _____

JAN FEB MAR APR MAY JUN JUL AUG SEP OCT NOV DEC

Shifts	Sun	Mon	Tue	Wed	Thu	Fri	Sat
Early Bird (5-8a)							
Morning (8a-12p)							
Afternoon (12-4p)							
After School (3 or 3:30-7p)							
Evening (4-8p)							
Night (8p-12a)							
Write-in other shift: All Teen shifts end no later than 7 p.m.							

Please check preferred opportunities:

GUEST SERVICES

- Golf Cart driver (age 21+, outdoors)
 Greeter and Golf Cart radio dispatch (outdoors)
 Hospital Tour Guide (age 18+)
 Information Desk
 Musical talent _____
 Visitor escort and wheelchair transport

PATIENT SERVICES

- Dog Therapy (certified by Alliance of Therapy Dogs)
 Emergency Dept. (age 18+, healthcare student preferred)
 Patient Admitting (age 16+)
 Patient Assistant (age 18+, healthcare student preferred)
 Spiritual Care patient visitor (age 18+)

SALES

- Coffee Shop delivery
 Gift Shop sales and cashier (age 16+)
 Lactation Boutique sales and computer (age 16+)

STAFF SERVICES

- Cafeteria stocking assistant
 Clinical Laboratory workflow assistant
 Computers
 Ham Radio Operator (licensed)
 Pharmacy delivery
 Reception and General Office
 Wheelchair and Transport equipment roundup

Please describe your ideal volunteer assignment:

Email: BDWMCVolunteerResources@bannerhealth.com

Mail or drop off: Banner Del E. Webb Medical Center, 14502 W. Meeker Blvd., Sun City West, AZ 85375

Attn: Volunteer Office, East Entrance. For information please call 623-524-4058. Thank you.

PLEASE PRINT CLEARLY

Legal First Name

Legal Last Name

Legal M.I

Are you or a family member a current or former Banner Health employee?

No Yes: who/where/when _____

Are you or a family member a current or former Banner Health volunteer?

No Yes: who/where/when _____

Work experience: _____

Volunteer experience: _____

How did you learn about our volunteer program? _____

Why do you want to volunteer at Banner Del E. Webb Medical Center?

ALL APPLICANTS: My signature indicates all above information is true and correct to the best of my knowledge. I agree that (1) any offer of volunteer service is at the sole discretion of Volunteer Resources staff and conditional upon my timely and successful completion of background, health and training requirements; and (2) voluntary service is given freely and without expectation of payment for services performed.

Applicant Print and Sign

Date

PARENT/GUARDIAN OF MINOR APPLICANT AGE 14-17: My son/daughter has my permission to apply for and participate in the Banner Del E. Webb Volunteer Program. In the event my son/daughter becomes a participant, I hereby give permission for my son/daughter (1) to have Banner Del E. Webb Medical Center administer and monitor the required Tuberculin Skin Test(s) and Flu vaccine, free of charge; (2) to have Banner Del E. Webb administer a lab draw, if required, for immunization verification; (3) upon successful completion of screening, to attend training and to serve as a volunteer at Banner Del E. Webb; and (4) to have Banner Del E. Webb administer emergency medical treatment to my son/daughter in the event he/she is injured while participating and efforts to contact me are unsuccessful.

Parent/Legal Guardian Print and Sign

Date

Email: BDWMCVolunteerResources@bannerhealth.com

Mail or drop off: Banner Del E. Webb Medical Center, 14502 W. Meeker Blvd., Sun City West, AZ 85375

Attn: Volunteer Office, East Entrance. For information please call 623-524-4058. Thank you.