PLEASE PRINT CLEARLY

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

Date _____   Preferred First Name or Nickname _____

☐Adult (age 18+)   ☐Teen (age 14-17); Age _____; Teen Date of Birth _____

	Off Campus Projects and Donations do not require an application. Please contact the Volunteer Office M-F, 8 a.m.-4 p.m. at (623) 832-5387. Eligibility Checklist for On Campus Volunteering: Please fill out this checklist to see if our in-hospital volunteer program is a good fit for you.	Agree	Disagree Please Explain Below
1.	I understand applicants are invited to participate solely at the discretion of staff, and this application does not guarantee a call back, interview or volunteer position.		
2.	I have never been convicted of a crime under the name on this application or any other name.		
3.	I am not seeking court-ordered community service.		
4.	I am not seeking to volunteer for a limited number of hours for school credit or temporarily while job hunting.		
5.	I understand any offer of a volunteer position is contingent upon my completion and successful results of a company paid background check and health screen.		
6.	I agree to provide my date of birth and complete 9-digit Social Security number for monthly exclusion checks. Banner requires all Screening Subjects to immediately disclose if they are currently excluded, debarred, suspended, or otherwise ineligible to participate in Federal Health Care Programs or in federal procurement or non-procurement programs. All Screening Subjects must also immediately disclose if they have been convicted of a criminal offense that falls within the scope of 42 U.S.C. § 1320a-7(a), but have not yet been excluded, debarred, suspended, or otherwise declared ineligible.		
7.	I can attend one 3-hour session of New Volunteer Orientation M-F during normal business hours as scheduled by Volunteer Resources. Evening and weekend training is not available.		
8.	I agree to comply annually with Banner Health's *No Flu for You* policy during dates determined by the CDC, usually December 1-March 31 by either (a) getting a flu shot or (b) applying for a medical or religious exemption and, if approved, wearing a mask covering nose and mouth while volunteering in the hospital or (c) taking a leave of absence throughout flu season.		
9.	I agree not to wear artificial nails if my assignment requires me to provide service in areas that prohibit their use according to Infection Prevention policy and practice.		
10.	I agree to comply with all requirements, policies and procedures of Banner Health, Banner Boswell Medical Center and Volunteer Resources.		

Please Explain "Disagree" Answers:

Email: BBWMCVolResources@bannerhealth.com
Mail or drop off: Banner Boswell Medical Center, 10401 W. Thunderbird Blvd., Sun City, AZ 85351
Attn: Volunteer Office. For information please call 623-832-5387. Thank you.

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 Boswell, Sun City, AZ   □ Banner Del 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
□ Gift Shop sales and cashier (age 16+)
□ Golf Cart driver (age 21+, outdoors)
□ Greeter (outdoors)
□ Information Desk
□ Way-finding Escort

PATIENT SERVICES
□ Dog Therapy (certified by Alliance of Therapy Dogs)
□ Emergency Dept. (age 18+)
□ Nursing Unit assistant (age 18+)
□ Patient Reception/Admitting (age 16+)
□ Patient Registration (age 18+)

□ Patient Safety Checker (age 16+)
□ Spiritual Care (age 18+) religious affiliation _____
□ Waiting Room Attendant

STAFF SERVICES
□ Banner Sun Health Research Institute
□ Clinical Laboratory workflow assistant (age 14+)
□ Computer Input
□ General Office and Reception
□ Ham Radio Operator (licensed)
□ Mail Delivery
□ Pharmacy delivery
□ Special Projects

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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? _____

Please describe your ideal volunteer assignment:

Why did you choose Banner Boswell 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 Boswell Volunteer Program. In the event my son/daughter becomes a participant, I hereby give permission for my son/daughter (1) to have Banner Boswell Medical Center administer and monitor the required Tuberculin Skin Test(s) and Flu vaccine, free of charge; (2) to have Banner Boswell 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 Boswell; and (4) to have Banner Boswell 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*

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Mail or drop off: Banner Boswell Medical Center, 10401 W. Thunderbird Blvd., Sun City, AZ 85351
Attn: Volunteer Office. For information please call 623-832-5387. Thank you.