

EMPLOYMENT/EXPERIENCE/EDUCATION:

Are you presently employed? Yes No Employer: _____

May we contact you at work? Yes No Phone number: (____) _____

Previous employment: _____

Previous volunteer/community work: _____

Hobbies/Special skills: _____

Languages Spoken: _____

Education: _____

Are you currently enrolled in high school, or college? _____ Where? _____

Area of study, or career interest? _____

VOLUNTEER AVAILABILITY: (Please check all available days and times to help us find the best placement)

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

VOLUNTEER COMMITMENT TO CONFIDENTIALTY AND SERVICE:

Believing that Banner Health has a real need for my services as a volunteer, I agree to:

- (1) Hold as absolutely confidential all information which I may obtain directly or indirectly concerning patients, doctors, or personnel, and I will not seek confidential information in regards to a patient;
- (2) Uphold the Mission, Vision, Values and Service Standards of the Banner Health.
- (3) Endeavor to make my work the highest quality;

I understand that my services are donated to Banner Health without contemplation of compensation, or future employment and given for humanitarian or charitable reasons. I verify the preceding information on this application is true. I understand that there are many types of volunteer opportunities with Banner Health facilities, and that I will be required to complete an orientation, complete the employee/volunteer health screening, and additional training that service assignments will require.

Signature **Date**

Parental Permission for volunteers under 18-years of age: *I give my permission for my child to become a Banner Health Teen Volunteer.*

Signature **Date**