## **BANNER HEALTH**

TEEN VOLUNTEER APPLICATION

## **Banner Heart Hospital (BHH)**

**Banner Baywood Medical Center (BBMC)** 

□ Mr. □Mrs. □ Miss □	Ms.						
Name:							
Last	First	Middle Initia	l Nickn	Nickname			
Address:							
No. Street	(Apt, Space, Lot No.)	City	State	Zip Code			
()	()						
Home Phone Number	Cell Phone Number E-Mail Address						
Birth date:							
Why do you wish to volunteer	?						
How did you learn about our	volunteer program?						
	1 8						
Is this for Community Service	/Service Learning hours? O Ye	s O No					
•	., high school) do you need hours						
	?						
DWI? (excluding any minor to	of a felony or a felony that was r raffic violations only?) ons, date and disposition:	□ Yes □N	0				
Have you been a volunteer wi	th any other Banner Health facilit	y? □Yes	□ No				
If "yes", which facility?	BMMCBBMC Samaritan Behavioral Center-S	BBHeart _	BDMC Banner Hospice	BGSMC Other			
PHYSICAL/MEDICA							
	tion or medical problem, which may	. □ Yes	□ No				
If "yes", please explain:							
Name of your physician:		Phone: ()					
IN CASE OF EMERO	GENCY						
Please notify:	Name Relationship						
		,	<b>F</b>				
() Area Code/Work Phone	() Area Code/Cell Phone	(	Area Code/Home Phone				

## EMPLOYMENT/EXPERIENCE/EDUCATION:

Are you prese	nuy empioyea?	□ res □ INC	o Employer:					
May we conta	ct you at work?	□Yes □No	Phone numb	er: ()				
Previous empl	loyment:							
Previous volu	nteer/community	work:						
Hobbies/Spec	ial skills:							
Languages Sp	oken:							
Education:								
Are you curre	ntly enrolled in h	igh school, or c	ollege? V	Vhere?				
Area of study,	, or career interes	st?						
	EER AVAII						lacement)	
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	
Morning		•	,	,	,	Ĭ	•	
Afternoon								
Evening								
VOLUNTEER COMMITMENT TO CONFIDENTIALTY AND SERVICE:								
Believing that	Banner Health h	as a real need f	or my services a	as a volunteer, I	agree to:			
· /	bsolutely confide			•	•	oncerning paties	nts, doctors,	
	and I will not see							
· / •	e Mission, Vision	-		s of the Banner	Health.			
(3) Endeavor	to make my worl	k the highest qu	ıality;					
I understand t	that my services o	are donated to	Banner Health	without contemp	plation of comp	ensation, or fut	ure	
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								
-	omplete an orient	-	e the employee/v	volunteer health	screening, and	l additional trai	ning that	
service assign	ments will requi	re.						
Signature				Date				
Parental Perm	ission for volunt	eers under 18-v	ears of age· I a	ive my nermissi.	on for my child	to hecome a Ro	nner Health	
Teen Voluntee		index 10 y	01 <b>450. 1</b> 8	permussu	jo. my omia	occome w Bu	12000010	
	Sign	nature			Date			
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