



# Banner Health®

## Volunteer Application

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Name you go by: \_\_\_\_\_

Date of Birth if under 18: \_\_\_\_\_ Gender:  F  M

Are you currently an employee of Banner Health?  Yes  No

If yes, which facility/department/job title? \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Preferred Contact Number:  Cell  Home

Email: \_\_\_\_\_

*Please disregard the following questions for facilities outside Arizona.*

Are you an Arizona resident all year long?  Yes  No

If winter resident only, please list months available \_\_\_\_\_

Summer Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

## Emergency Contact Information

Emergency Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency Contact Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Do you have any physical or medical condition which will limit your ability to perform volunteer service or will require any special accommodation?  Yes  No

If yes, please explain: \_\_\_\_\_

**History and Availability**

How did you hear about our volunteer program?  Self  Website  Employee  Volunteer  School Advisor

Have you previously volunteered here or at any other Banner Health facility?  Yes  No

If yes, where? \_\_\_\_\_

Are you willing to make a minimum commitment of one 4 hour shift per week for six months?  Yes  No

If no, how long do you anticipate volunteering? \_\_\_\_\_

What other volunteer experience(s) have you had? \_\_\_\_\_

Why do you wish to volunteer? \_\_\_\_\_

**Employment/Experience/Education**

Work Status:  Student  Homemaker  Retired  Seeking Employment  Employed

If employed, name of employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Position: \_\_\_\_\_ How long? \_\_\_\_\_ May we contact you at work?  Yes  No

Previous Volunteer/Community Work: \_\_\_\_\_

Level of Education COMPLETED:  HS Diploma  GED  Some College

Undergraduate Degree  Masters  PhD

Have you obtained:  RN  LPN  CNA or MA  EMT  MD Other Certification: \_\_\_\_\_

Are you currently enrolled in High School or College?  Yes  No If yes, where? \_\_\_\_\_

Area of study or career interest? \_\_\_\_\_

Hobbies, interests, extracurricular activities: \_\_\_\_\_

Languages: \_\_\_\_\_

Other special skills: \_\_\_\_\_

**Volunteer Availability**

Please check all available days and times to help us find the best placement for you. These are our typical shift times although there are other variations occasionally available.

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
8:00 a.m. to Noon							
Noon to 4:00 p.m.							
4:00 p.m. to 8:00 p.m.							

Do you prefer:     Patient Contact (Limited for Teams)     Non Patient Contact     Clerical     Research

Is there a specific area you would like to request? \_\_\_\_\_

Please list skills you would like to gain or improve by volunteering? \_\_\_\_\_

Are you willing to be called to help with special projects?     Yes     No

**Background Check**

Banner Health conducts background and criminal history checks on every volunteer. Please note that conviction of a crime is not an automatic disqualification. **Failure to disclose or provision of false information will result in the disqualification and /or termination of the applicant.**

Have you **ever**, under this name or any other name, plead guilty to, been convicted of, or received probation with an alternative sentence, conditional discharge or pretrial diversion of **ANY** crime?     Yes     No

If yes, state the offense, place of the occurrence, the date and disposition: \_\_\_\_\_

Have you **ever**, under this name or any other name ever been convicted of a misdemeanor?     Yes     No

If yes, state the offense, place of the occurrence, the date and disposition (Please exclude *only* MINOR traffic violations): \_\_\_\_\_

Are you currently serving probation, conditional discharge, or pretrial diversion for **any** crime?     Yes     No

If yes, provide details on the offense, disposition and current status \_\_\_\_\_

Is your volunteer service intended to satisfy court ordered community service?     Yes     No

Have you **ever** been accused or convicted of Medicare fraud or abuse?     Yes     No

**Volunteer Commitment to Confidentiality and Service**

Should I be accepted as a Banner Health Volunteer, I agree to:

- Maintain the confidentiality of all information which I may obtain directly or indirectly concerning patients, physicians, volunteers or staff.
- Not seek confidential information in regards to any patient.
- Uphold the Mission, Vision, Values, and Code of Conduct of Banner Health.
- Abide by the Core Behaviors of Banner Health by serving with excellence at all times.
- Follow the guidelines regarding Flu immunization required by Banner Health.
- Make every effort to fulfill the 100 hour/six month commitment to time and hours.
- Mandatory Medicare exclusion checks.

I certify the statements made in this application are true and correct and given voluntarily. I understand that my time and services are donated to Banner Health without contemplation of future employment and also understand that I will not be paid for my services as a volunteer. Prior to the onset of serving as a volunteer, I understand that I will be required to complete an Orientation, Occupational Health Screening, and additional training that a service assignment might require.

I am aware that the misrepresentation and/or withholding of information may result in the rejection of this application or cause my discharge if discovered after volunteer service begins. I authorize Banner Health to complete an investigation of my criminal history record which may include DMV records, civil and criminal court records, county, state and federal tax liens and any other records that may be appropriate.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_