

Banner Del E. Webb Medical Center Volunteer Application - Page 1 Rev. 9.22.16

PLEASE PRINT CLEARLY

Legal	First Name Legal Last Name	Le	egal M.I
Date	Preferred First Name or Nickname		
□Ad	ult (age 18+)		
	Off Campus Projects and Donations do not require an application. Please contact the Volunteer Office M-F, 8 a.m4 p.m. at (623) 524-4058. 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 summer only, short term, temporarily while job hunting or for set credit hours. I agree to volunteer for a minimum of 6 months and at least 100 hours. If a student, I am able to volunteer over the summer, school breaks and one shift weekly during the school year to meet or exceed my commitment.		
5.	I understand any offer of a volunteer position is contingent upon my successful completion and results of a company paid background check and health screen.		
6.	I understand weekend training is not available. I can attend mandatory meetings/training on a weekday from □8 – 10:30 a.m. and/or □3-5:30 p.m.		
7.	I agree to provide my date of birth and Social Security number to verify I have not been excluded from participation in any Medicare, Medicaid or other federal health care procurement program.		
8.	I agree to comply annually with Banner Health's <i>No Flu for You</i> policy from approximately 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.		
9. 10.	I agree not to wear artificial nails, which are prohibited in patient care areas. I agree to comply with all requirements, policies and procedures of Banner Health, Banner Del E. Webb Medical Center and Volunteer Resources.		

Please Explain "Disagree" Answers:



Banner Del E. Webb Medical Center Volunteer Application - Page 2

Rev. 9.22.16

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Legal First Name		Legal L	.ast Name	2				Legal M.I
Street Address					Apt. or l	Jnit		
City		te	_Zip		Home P	hone <u>(</u>)	
Email address		Cell Phone ()		
Emergency Contact Name					Emer. P	none ()	
Relationship								
Please check all locations, mor					olunteer	:		
Banner Del E. Webb, Sun City Wes	t, AZ 🗆 Oth	er Banner	-(s)					
□ JAN □ FEB □ MAR □ APR		□ JUN		□ AUG	□ SEP			
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)								
After School (3 or 3:30-7p) Evening (4-8p)								
After School (3 or 3:30-7p)								

Please check preferred opportunities: GUEST SERVICES

- $\hfill\square$ Golf Cart driver (age 21+, outdoors)
- $\hfill\square$ Greeter and Golf Cart radio dispatch (outdoors)
- □ Hospital Tour Guide (age 18+)
- Information Desk
- $\hfill\square$ Musical talent _
- $\hfill\square$ 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+)

Please describe your ideal volunteer assignment:

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
- \square Computers
- Ham Radio Operator (licensed)
- D Pharmacy delivery
- □ Reception and General Office
- $\hfill\square$ Wheelchair and Transport equipment roundup

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.



Banner Del E. Webb Medical Center Volunteer Application - Page 3 Rev. 9.22.16

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Legal First Name	Legal Last Name	Legal M.I
Are you or a family member a curr	ent or former Banner Health employee?	
□ No □ Yes: who/where/when		
Are you or a family member a curr	ent or former Banner Health volunteer?	
🗆 No 🛛 Yes: who/where/when		
Work experience:	<u>_</u>	
Volunteer experience:		
How did you learn about our vo	lunteer program?	
Why do you want to volunteer a	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

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.

Date