

BANNER HEALTH VOLUNTEER APPLICATION

Banner Gateway Medical Center (BGMC)

Mr. Mrs. Miss Ms.

Name: _____
Last First Middle Initial Nickname

Address: _____
No. Street (Apt, Space, Lot No.) City State Zip Code

(_____) _____ (_____) _____
Home Phone Number Cell Phone Number E-Mail Address

Birth date: _____

Year-round resident: Yes No Winter resident, please list months available: _____

Summer Address: _____ (_____) _____
Street City State Zip Phone #

Why do you wish to volunteer? _____

How did you learn about our volunteer program? _____

Personal Reference: _____ (_____) _____
(Non-Family) Name Phone Number Relationship

Have you ever been convicted of a felony or a felony that was reduced to a misdemeanor for sentencing purposes including DWI? (excluding any minor traffic violations only?) Yes No

If yes, state the offense, location(s), date and disposition: _____

Have you been a volunteer with any other Banner Health facility? Yes No

If "yes", which facility? _____ BMMC _____ BBMC _____ BBHeart _____ BDMC _____ BGSMC
_____ BTMC _____ Samaritan Behavioral Center-Scottsdale _____ Banner Hospice _____ Other

PHYSICAL/MEDICAL BACKGROUND:

Do you have any physical condition or medical problem, which may limit your ability to perform the work of a volunteer? Yes No

If "yes", please explain: _____

Name of your physician: _____ Phone: (_____) _____

IN CASE OF EMERGENCY

Please notify: _____
Name Relationship

(_____) _____ (_____) _____ (_____) _____
Home Phone Work Phone Cell Phone

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
8 am – Noon *							
Noon – 4 pm							
4 pm – 8 pm							

- *Some morning shifts begin at 7 am*
- **Minimum commitment for adult volunteers is one 4-hour shift per week for at least six months**

Do you prefer?

Patient Contact Non-Patient Contact Clerical Other _____

Is there a specific area where you would like to volunteer, if so, where? _____

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 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