



Banner Health®

**Teen Volunteer Addendum to Application**

This document must accompany the volunteer application for all applicants under the age of 18.

**Parent or Guardian Signature**

By signing this application you are giving your permission for your child to become a Banner Health Teen Volunteer and authorize, understand or give permission for the following:

- I/We give permission to have Occupational Health Screening performed. Screening will include TWO (2) Tuberculin Skin Tests and a blood test to determine immunity to measles, mumps, rubella, and varicella. These tests are required for ALL volunteers.
- I/We understand that my son or daughter will be bound the same confidentiality laws and agreements that are required of employees and adult volunteers and that ANY violation of privacy laws will result in immediate dismissal.
- I/We give permission to contact and receive information from the persons providing references regarding my child.
- I/We give permission to administer emergency medical treatment if necessary.
- I/We assume responsibility for transportation of my son or daughter to and from the facility.
- I/We understand that Banner Health will not be held responsible for any accident or injury resulting from an unauthorized departure from the facility grounds by my son or daughter.
- I/We understand that Banner Health reserves the right to dismiss my son or daughter from the Teen Volunteer Program due to a failure to comply with hospital policy, the Banner Health Code of Conduct and Core Behaviors which includes attitude and appearance.
- I/We understand that my son or daughter will be required to agree to the following stipulations:
  - Cell phones and MP3 players may be used only while on breaks. Receiving and placing calls or texts while on duty is not permitted.
  - The taking of photos with a cell phone or camera while on hospital property is prohibited and is grounds for immediate dismissal.
  - Use of Banner Health computers for any purpose other than hospital business is expressly prohibited and is grounds for immediate dismissal.

Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b>Teen Agreement and Signature</b>
-------------------------------------

Please read and initial each statement below.

If I am accepted as a Banner Health Teen Volunteer, I will agree to the following statements:

\_\_\_\_\_ I will uphold the Mission, Vision, Values, Core Behaviors, and Code of Conduct of Banner Health at all times.

\_\_\_\_\_ I will adhere to all aspects of the Volunteer Dress Code and understand that my appearance is a reflection of Banner Health.

\_\_\_\_\_ I will maintain the confidentiality of all information which I may obtain directly or indirectly concerning patients, physicians, volunteers or staff. I will not seek confidential information in regard to any patient.

\_\_\_\_\_ I will sign in at the beginning of my service shift and will sign out at the end of my service shift.

\_\_\_\_\_ I understand that I will not receive confirmation of volunteer hours until I have achieved the hours I have committed to serve.

\_\_\_\_\_ I will report to my assigned service area and will remain focused on my tasks during my assigned shift.

\_\_\_\_\_ I will not leave the hospital property while signed on to serve as a volunteer.

\_\_\_\_\_ I will not place or receive cell phone calls while on duty. I will not text others while serving as a volunteer.

\_\_\_\_\_ I will only listen to a personal MP3 player while seated on a break when on hospital property.

\_\_\_\_\_ I understand that the taking of any photographs with a camera or cell phone while on hospital property is prohibited and will result in immediate dismissal.

\_\_\_\_\_ I understand that the use of Banner Health computers for ANY purpose other than Banner Health business is expressly prohibited and will result in immediate dismissal. I will not access the internet, email or other websites on a Banner Health computer.

\_\_\_\_\_ 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.

\_\_\_\_\_ I understand that I will be required to complete an Orientation, Occupational Health Screening, and additional training that a service assignment might require.

\_\_\_\_\_ I understand that volunteering at a Banner Health facility as a teen is a privilege and I agree to honor these expectations.

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

*Thank you for your application to be a teen volunteer at Banner Health!*