BANNER MD ANDERSON CANCER CENTER VOLUNTEER APPLICATION

□ Mr. □Mrs. □ Miss □	Ms.			
Name:				
Last	First	Middl	le Initial	Nickname
Address:				
No. Street	(Apt, Space, Lot No.)	City	State	Zip Code
()	Cell Phone Number		f '1 A 11	
Home Phone Number	200 20000 2000000	E-IVI	Iail Address	
Birth date:				
Year-round resident: □Ye Why do you wish to voluntee	es	full-time residents)		
Do you have a special interes	it in volunteering in a Cancer Cent		eral care hospital?	If so, please explain:
	(
(Non-Family) Name	Phor	ne Number	Relationship)
	d of a felony or a felony that was ny minor traffic violations only)	reduced to a mis ☐ Ye		encing purposes
If yes, state the offense, locati	ion(s), date and disposition:			
•	ith any other Banner Health facili	ity? □Yes	s □ No	
If "yes", which facility and w	hen?			
PHYSICAL/MEDICA	AL BACKGROUND:			
	tion or medical problem, which may	□ Ye	es 🗆 No	
If "yes", please explain:				
	ers must undergo a free health so ion review, and a flu shot annual	•	-	al Health Office to
IN CASE OF EMEROPlease notify:	GENCY			
Name		Relationship		
()	()		()	
Home Phone	Work Phone	Cell P	hone	

EMPLOYMENT/EXPERIENCE/EDUCATION: Are you presently employed? □Yes □No Employer: ____ May we contact you at work? \(\subseteq \text{Yes} \) \(\subseteq \text{No} \) 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) Wednesday Monday Tuesday Thursday Friday 7 am-11 am 11 am - 3 pm3 pm - 7 pmSome morning shifts begin at 6:45 am Minimum commitment for volunteers is one 4-hour shift per week for at least six months Do you prefer? O Patient Contact O Non-Patient Contact O Clerical O 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 Core Behaviors of Banner Health; (3) Endeavor to make my work the highest quality; (4) Make every effort to fulfill a six month commitment of service; 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