



Volunteer Application Form

*Thank you for your
interest in Sun Health.*

PLEASE JOIN US IN BUILDING SUPERIOR WEST VALLEY HEALTH CARE.

WHEN COMPLETED, PLEASE RETURN THIS APPLICATION TO:

Volunteer Recruitment
Sun Health
PO Box 6030
Sun City West, AZ 85376

OR

Sun Health
Administration Offices
14719 W. Grand Avenue
Surprise, AZ 85374

You may also email this completed form to Joyce Wilt at
Joyce.Wilt@sunhealth.org

Volunteer ID #: _____

Volunteer Application

Salutation _____ Legal Last Name _____

Legal First Name _____ Legal Middle Name _____

Name you prefer to be called by _____ Marital Status _____ Gender _____

Street Address _____ Apt or Unit _____

City _____ State _____ Zip Code _____

Phone Home _____ Cell _____ Fax _____

Email Address _____ Spouse's Name (if applicable) _____

Emergency Contact Name _____ Relationship _____

Emergency Phone Number _____ Are you retired? Yes No

Business and position (past and/or present) _____

What talents used in your former/present occupation might be especially helpful in volunteering?

_____Any current club affiliations or other interests?

_____Are you a full time resident? Yes No If not, please note from _____ to _____Are you interested in a long-term assignment (six months or more)? Yes NoAre you seeking court ordered volunteer service? Yes NoHave you previously volunteered at Sun Health or Banner Health? Yes No What Year? _____Is anyone at your home address a Sun Health or Banner Health volunteer? Yes No

Name _____

Are you a current Sun Health or Banner Health employee? Yes No

What facility? _____

Have you ever been a Sun Health or Banner employee? Yes NoIf "Yes", what year did you leave employment? _____ Were you asked to leave? Yes No

Name of your last supervisor _____

Volunteer ID #: _____

Volunteer Application Cont.

PREVIOUS VOLUNTEER/COMMUNITY WORK

 Do you plan to seek employment within the next six months? Yes No

Education _____ Degree/Major/Minor _____

Languages Spoken _____

Hobbies/Special Skills _____

Volunteering Availability (Please check all available days/times to help find the best placement.)

	MON	TUES	WED	THURS	FRI	SAT	SUN
MORNING							
AFTERNOON							
EVENING							

Please RATE your top three (3) areas of volunteering interest:
 Foundation/Events Resale/Gift Shop Community Education Office/Clerical

Other (Please specify) _____

 A background check will be conducted on all adult volunteer applicants. Have you, under this name or any other name, ever been convicted of a felony? Yes No

If Yes, please state the offense, location, date and disposition, and name (if different) _____

How did you hear about us? _____

Additional information you would like to share _____

Printed Name _____

Signature _____ **Date** _____

Volunteer ID #: _____

Volunteer Application Cont.

NOTICE TO VOLUNTEERS REGARDING BACKGROUND INVESTIGATION

I understand that a consumer report (background screening report) and/or an investigative consumer report (reference checks and/or interviews) that may include information from public or private sources regarding my character, driving records, criminal history, court records (both civil and criminal), qualifications and experience, work habits, and/or other information relevant to my volunteer service may be obtained in connection with my application as a volunteer with **Sun Health**.

I understand that, if I am approved for volunteer service by **Sun Health**, this background check authorization will be kept on file and may be used at any time during my service to procure further information when, in the judgment of **Sun Health**, such may be necessary.

I hereby release and discharge to the extent permitted by law, **Sun Health**, its employees, any individual or agency obtaining information for **Sun Health**, and any personal or professional reference, from any and all claims, damages, losses, liabilities, costs, or other expenses arising from the retrieving, reporting and/or disclosure of information in connection with this background investigation.

I understand that I am volunteering my services and declare in no way shall I be considered an employee or subcontractor or independent contractor of **Sun Health**.

By signing below, I, _____, have read, understand and consent to the above. I further authorize that a photographic copy or a telephonic facsimile of this document shall be valid for purposes present and future. My signature below certifies that all information I have provided in connection with this background check is true, accurate and complete to the best of my knowledge.

I understand that I have specific prescribed rights as a consumer under the Fair Credit Reporting Act and may have additional rights under relevant state laws. I hereby certify that I have read the Summary of Rights under the Fair Credit Reporting Act located at <http://www.safehiringsolutions.com/pdfs/FCRAsummary.pdf>

AUTHORIZATION

Print Name (last, first, middle) _____

Social Security Number _____ **Date of Birth** (MM/DD/YYYY) _____
(For ID Purposes Only)

Driver's License # _____ **Driver's License State** _____

Any other names I have been known by _____

Current Address _____

Previous Addresses (Last 10 Years) _____

Signature _____ **Date** _____

Confidentiality Agreement for Volunteers

I understand that I may have access to confidential patient information and confidential information about the business and financial interests of Sun Health and its facilities (referred to as “Confidential Information” in this Agreement). I understand that Confidential Information is protected in every form, such as written records and correspondence, oral communications, and computer programs and applications.

I agree to comply with all existing and future Sun Health policies and procedures to protect the confidentiality of Confidential Information. I agree not to use, copy, make notes regarding, remove, release, or disclose Confidential Information, unless it is permitted by Sun Health policy.

I agree not to share or release any authentication code or device, password, key card, or identification badge to any other person, and I agree not to use or release anyone else’s authentication code or device, password, key card, or identification badge. I agree not to allow any other person, except those authorized by Sun Health, to have access to Sun Health’s information systems under my authentication code or device, password, key card, or identification badge. I agree to notify the appropriate administrator immediately if I become aware that another person has access to my authentication code or device, password, key card, or identification badge, or otherwise has unauthorized access to Sun Health’s information system or records.

I agree that my obligations under this Agreement continue after my time as a volunteer ends.

I agree that, in the event I breach any provision of this Agreement, Sun Health has the right to reprimand me or to suspend or terminate my volunteer status with or without notice at the discretion of Sun Health, and that I may be subject to penalties or liabilities under state or federal laws.

Volunteer’s Signature _____

Printed Name of Volunteer _____ **Date** _____

Volunteer Code of Conduct

AS A SUN HEALTH VOLUNTEER, I AM COMMITTED TO:

PERSONAL RESPONSIBILITY

- Be dependable, recognizing the commitment and responsibility to my volunteer assignment(s).
- Accept assignment(s) consistent with my interest, abilities and available time.
- Accept assignment(s) with an open mind and a willingness to learn.
- Accept feedback from my supervisor in order to do the best job possible.
- Avoid conflict-of-interest situations and refrain from actions that may be perceived as such. Volunteers should reveal any potential or actual conflicts of interest as they arise.
- Not accept tips, request meals to be paid for, or otherwise accept payment for my volunteer work.
- Address ethical concerns by speaking directly with the colleague/responder with whom I have the concern – and, when necessary, report such to my leader in the defined chain of command.

RESPECT

- Treat all individuals with a sense of dignity, respect and worth. Make a personal commitment to be nonjudgmental about cultural differences, living conditions and the lifestyle of each person with whom I work.
- Avoid profane and abusive language and disruptive behavior that is dangerous to self and others.
- Abstain from the use of photo-, audio- or video-recording equipment unless authorized.
- Respect all confidential information. Volunteers are responsible for maintaining the confidentiality of all proprietary or privileged information to which they are exposed while serving as a volunteer, client or other person.
- Not preach to anyone or pressure anyone to accept my political, cultural or religious beliefs.
- Comply with mandated reporting in cases of suspected child and vulnerable adult abuse or neglect.
- Respect and use all equipment appropriately and as required for my assignment. Abstain from the use of equipment/resources for personal use.

SAFETY

- Not use, possess, or be under the influence of alcohol or illegal drugs at any time while actively serving in my volunteer role.
- Abstain from all illegal activity.
- Wear required identification and clothing. All items of clothing must be suitable for the work environment and should not contain offensive or objectionable material (slogans or graphics).
- Follow safe workplace practices, including participation in applicable education sessions, using appropriate personal-safety equipment and reporting accidents, injuries and unsafe situations.
- Report suspicious activities to my supervisor.
- Recognize that I have a responsibility to adhere to the rules and procedures of the organization. Failure to do so or failure to satisfactorily perform my volunteer assignment may cause me to be subject to dismissal.

Volunteer's Signature _____ Date _____

Emergency Contact Information

Your Name *(Please Print)* _____

Volunteer Number _____

YOUR EMERGENCY CONTACT'S INFORMATION

Last Name _____ First Name _____

Title _____
(Miss, Mr., Mrs., Ms., etc.)

Relationship to you _____
(Spouse, Brother, Sister, Friend, etc.)

Address _____

City _____ State _____ Zip Code _____

Home Phone _____

Work Phone _____

Cell Phone _____

Photo/Recording Consent Release

I hereby consent to the taking of photographs, motion pictures, video tape by whatever process and/or the making of sound recordings of the person(s) or parts of the person(s), named in this form for the purpose of: public education, fund-raising, web site usage or any other legitimate public interest purpose.

I also consent to the reproduction of said photographs, retouched or otherwise modified as necessary, or of sound recordings, in any book, brochure, magazine, newspaper, lecture, Internet or any other type of publication or medium for the purpose stated above.

I waive all rights to royalties or other financial gain that may result from the usage, sale, or leasing of or publication in which said photographs or sound recordings may be used.

I consent to the use of my name with the publication or medium of said photographs and/or sound recordings.

I CERTIFY THAT I HAVE READ AND FULLY UNDERSTAND THE ABOVE CONSENT TO RELEASE INFORMATION, PHOTOGRAPHY AND/OR SOUND RECORDINGS.

Model Name Printed _____

Model Signature _____

IF MODEL IS A MINOR COMPLETE BELOW

Minor Model(s) Name Printed _____

Parent or Legal Guardian _____

Relationship to Minor Model(s) _____

Date _____ Witness _____