SUN HEALTH FOUNDATION

Volunteer and Event Participation Pledge

Employee Information

Name_____ Dept_____

Position_____ Date of Request_____

Event Information

Event Name_____Event Date(s)_____

Event Location_____

Count me in! - Participation Type

☐ *I am requesting approval to shift my regular work day/duties in order to work/volunteer at a Sun Health Foundation event. I understand that this does **not** earn me points towards the Better Together Points Program.*

☐ *I am volunteering at a Sun Health Foundation event that does not conflict with my regular work schedule. I understand that this **will** earn me points towards the Better Together Points Program.*

Manager Approval

Manager Name _____

Manager Signature _____ Date _____

Employee Agreement

By signing below, I acknowledge that:

1. I will participate for the full event if I'm shifting my work schedule.
2. I will volunteer outside my regular work hours if applicable.
3. I understand that I need to check in with the event lead to have my participation recorded.

Employee Signature _____Date_____

For Foundation Use Only

Date Received_____Points Awarded (if applicable)_____

Logged By _____

For questions about Better Together, please call (623) 471-8503 or email Cheryl.Hunter@SunHealth.org

Thank you for supporting the Better Together Employee Giving Campaign!