

AUXILIARY APPLICATION FOR MEMBERSHIP

Name \_\_\_\_\_ Spouse's Name \_\_\_\_\_

Name, as you would desire on name tag \_\_\_\_\_ Phone Number \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Work Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

In case of emergency, notify: \_\_\_\_\_

Phone Number \_\_\_\_\_ Relationship \_\_\_\_\_

Day(s) you would prefer to do volunteer work: \_\_\_\_\_

Times you would prefer to do volunteer work: (Circle Preference)

MORNINGS      AFTERNOONS      EVENINGS      ANY HOURS

Previous Work Experience:

A) As a volunteer: \_\_\_\_\_

B) Other: \_\_\_\_\_

Education or Special Training \_\_\_\_\_

Special Interests \_\_\_\_\_

Community Affiliations \_\_\_\_\_

Personal References (Two – No Relatives)

Name \_\_\_\_\_ Address \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

Check One

Active Members – Members who shall participate in active service programs of the Auxiliary. \_\_\_\_\_

Supportive Members – Members who shall pay annual dues of \$5.00 and shall be interested in the purpose of the Auxiliary but who do not participate actively. \_\_\_\_\_

Lifetime Members – Members who shall be entitled to all rights and privileges of membership during their lifetime for \$100.00. \_\_\_\_\_

If I apply for active volunteer service and am accepted, I will attend a mandatory orientation and give Volunteer service on a regular basis. I agree to abide by the rules and regulations of Golden Valley Memorial Hospital. If I fail to comply with those rules and regulations or with the policies and expected behavior of the Auxiliary Volunteer Program I understand that I will be terminated from my duties.

I also understand that I will not be paid for my services.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_