

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: _____