



1600 N. Second | Clinton, MO 64735
660.885.5511 | gvmh.org

Auxiliary Application for Membership

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: (please check all that apply)

Mornings Afternoons Evenings Any hours

Previous work experience: _____

Previous volunteer experience: _____

Education or special training: _____

Special interests: _____

Community affiliations: _____

List two personal references: (no relatives)

Name: _____ Phone number: _____

Name: _____ Phone number: _____

I wish to apply as an:

Active member: Member who participates in active service programs of the auxiliary.

Supportive member: Member who pays annual dues of \$5 and is interested in the purpose of the auxiliary, but does not actively participate.

Lifetime member: Member who pays \$100 for a lifetime membership and is entitled to all rights and privileges of the Golden Valley Memorial Healthcare auxiliary.





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If I apply for active volunteer service and am accepted, I will attend a mandatory orientation and provide volunteer service on a regular basis. I agree to abide by the rules and regulations of Golden Valley Memorial Healthcare. 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: _____

