

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

Auxiliary Application for Membership

Name:					
Name, as you would desi	re on name tag:				
Phone number:					
Home address:	City: _		_ State: _	Zip:	
Work address:	City: _		_ State: _	Zip:	
In case of emergency, no	otify:				
Phone number:	Relationship:				
Day(s) you would prefer	to do volunteer work:				
Times you would prefer t	o do volunteer work: (please check al	I that apply))	
Mornings	Afternoons	Evenings	An	y hours	
Previous work experience	e:				
Previous volunteer exper	ience:				
Education or special train	ing:				
Special interests:					
Community affiliations:					
List two personal referen	ces: (no relatives)				
Name:			e number: _		
Name:		Phone	_ 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:	

To submit form:

- Drop-off at the reception desk at the Golden Valley Memorial Healthcare Hospital entrance (H) at 1600
 N. Second Street in Clinton
- Email to Sonya Woodland at: swoodland@gvmh.org
- Mail to:

Sonya Woodland Director Volunteer Services Golden Valley Memorial Healthcare 1600 N. Second Street Clinton, MO 64735