

Coosa Valley Medical Center Auxiliary

APPLICATION FOR MEMBERSHIP

Name _____
Last First Middle Initial

Home Address: _____
Street City Zip Code

Home Phone: ____ (____) _____ Work Phone: _____

Birthdate: _____ Social Security Number: _____

Occupation: _____ Employer: _____

Employer's
Address: _____

Previous Work Experienced

As a Volunteer (Where) _____

Other _____

Education or Special Training _____

Hobbies, Skills, Special Interests _____

Community Affiliation (Church, clubs, other organizations) _____

Family Obligations (Number of children, ages, invalids, other) _____

Do you drive a car _____ Do you have a car available _____ Are you in good general health _____

Do you have any physical impairments, which limit your services as a Volunteer (please list) _____

Your personal physician _____

In case of emergency, contact _____ Relationship _____

Address _____

In which of the following Volunteer areas would you like to work?

_____ Indirect Patient Care _____ Direct Patient Care _____ Other (Please list below)

Work Days Preferred: _____ Mon _____ Tues _____ Wed _____ Thurs _____ Fri _____ Sat _____ Sun _____ Holidays

Hours Preferred: _____ 8:00-12:00 noon _____ 12:00-4:00 pm _____ All day

Active Membership

Active Members: Pay \$5.00 annual dues Participate in active service programs for the Auxiliary
 May vote and hold office Must give at least 100 hours a year

- _____ I will give a minimum of 1/2 day each week in Volunteer service.
- _____ I will give a minimum of 1/2 day every other week on Volunteer service.
- _____ I am unable to give active Volunteer service, but will assist in special projects, and will work with my church in the interest of the Auxiliary.

Will you be able to attend quarterly meetings of the Auxiliary? _____

Signature _____ Date _____

Two References (Required)

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

Volunteers' Pledge

- I will be punctual and conscientious in the fulfillment of my duties and accept supervision graciously.
- I will conduct myself with dignity, courtesy, and consideration.
- I will consider as confidential all information which I may hear directly or indirectly concerning a patient, and will not seek information in regard to a patient.
- I will take any problems or suggestions to the President or the Coordinator of Volunteers.
- I will endeavor to make my work of the highest quality.
- I will uphold the traditional standards of the hospital and interpret them to the community at large.

Signed by: _____
 Applicant

Date: _____

