

ST. FRANCIS HOSPITAL AUXILIARY MEMBERSHIP APPLICATION

PLEASE PRINT:

Name: _____ Phone: _____ Today's Date: _____

Address: _____

Emergency Contact & Relationship: _____ Phone: _____

_____ Enclosed is \$5 for one year's membership dues.

Instructions for In-House Volunteers Only

1. *Return (a) the application, (b) the completed Conviction Information Name Check form, and (c) \$5 dues for one year of membership in the envelope provided.*
2. *You will receive a confirmation letter and instructions to call the hospital and schedule a brief orientation covering topics such as fire and safety, emergency procedures, confidentiality, etc.*
3. *After orientation, the Volunteer Coordinator will contact you to schedule your volunteer hours.*

Please circle all areas where you would be willing to help:

Gift Shop ~ Auxiliary Board ~ Fundraising Projects ~ Registration Greeter ~ Bake Cookies ~ Office/Clerical
Junior Volunteer Program ~ Make phone calls from home ~ Assist at events (blood drives, etc.) ~ Other (*explain below*)

List any special skills or areas of interest: _____

I would like to volunteer in the Hospital because: _____

Preferred days and times to volunteer:

Mon. from ____ to ____ - Tue. from ____ to ____ - Wed. from ____ to ____ - Thu. from ____ to ____
Fri. from ____ to ____ - Sat. from ____ to ____ - Sun. from ____ to ____ - My schedule is flexible.

Specific dates: _____

I am available: winter - spring - summer - fall - year round

OFFICE USE ONLY ~ INITIAL AND DATE

Application received: _____	Confirmation sent: _____	Conviction Form to ISP: _____
ISP Form received: _____	Orientation completed: _____	Results received at SFH: _____
Dues received: _____	Fwd to Vol. Coord.: _____	Approved _____