



AUXILIARY / VOLUNTEER MEMBERSHIP APPLICATION

Date: \_\_\_\_\_

Miss \_\_\_\_\_  
Mrs. \_\_\_\_\_ / \_\_\_\_\_

Mr. Last Name First Name Spouse Name

Address: \_\_\_\_\_ / \_\_\_\_\_  
Street City Zip Phone

Birthday: \_\_\_\_\_ / \_\_\_\_\_ Age Bracket: 18-40 \_\_\_\_\_ 40-60 \_\_\_\_\_ Over 60 \_\_\_\_\_  
Month Day

Are you employed? Yes  No  Place of Employment: \_\_\_\_\_

Are you able to walk, stand, bend or sit for different periods of time? Yes  No

Have you suffered any back injury? Yes  No

Please list community service organizations, clubs or positions/offices you have helped with or been a member of in the past.

What kind of auxiliary work are you interested in at the hospital?

Please check those skills in which you have training/experience and/or interest.

- Office skills: purchasing, supplies, displays, etc.
- Writing: publicity, library, letters, etc.
- Arts and Crafts: design, drawing, flower arranging, sewing, baking, etc.

Please list other hobbies or skills which you may contribute if you become a member of our volunteer team:

Do you speak more than one language? Yes  No  If so, which language: \_\_\_\_\_

Are you able to read? Yes  No

Are you able to write? Yes  No

Interpret signage to ensure your own safety in a hospital environment? Yes  No

Please indicate the times you would be available for service: (check one or more)

- Morning Monday Thursday Sunday
- Afternoon Tuesday Friday
- Evening Wednesday Saturday

How did you become interested in Colusa Regional Medical Center's Volunteer Auxiliary?

I understand that all hospital volunteers must have annual Tuberculosis Screening and PPD testing (if able and does not have a history of a positive skin test) and agree to comply with any and all health screening necessary to ensure a safe environment for all patients, staff and volunteers. I agree to have a chest x-ray if it is determined to be necessary as directed by the employee health nurse of this facility. I also understand the extreme importance of maintaining confidentiality at all times, and I understand I can be held liable to the point of immediate discharge from all duties should I be so directed by the Auxiliary advisor and/or hospital administrative team. I also understand that punctual and dependable attendance is a requirement for my service.

Signature

Interviewer