

SIERRA NEVADA MEMORIAL HOSPITAL AUXILIARY
MEMBERSHIP APPLICATION

(Must be 18 years of age or older to apply)

NAME _____ DATE _____

STREET ADDRESS _____

P.O. BOX _____ CITY _____ ZIP _____

HOME PHONE (____) _____ BUS/CELL (____) _____

BIRTH MONTH _____ DAY _____ E-MAIL _____

SPOUSE _____ BUS/CELL(____) _____

EMERGENCY CONTACT _____ PHONE(____) _____

Are you currently employed? { } No { } Yes

Employer _____ Phone(____) _____

Have you ever been a Sierra Nevada Memorial Hospital Employee or Volunteer?

{ } No { } Yes If yes, when? _____

Have you ever been convicted of a crime? { } No { } Yes. If yes, please explain:

(Conviction is not an automatic bar to a volunteer position. Each case will be considered on its own merit.)

How did you hear of our program? _____

Do you know any members of the SNMH Auxiliary? { } No { } Yes

If yes, who _____

Previous or current volunteer experience: _____

Previous field(s) of employment: _____

Clerical or computer skills, leadership skills, talents or personal interests: _____

Do you have any physical condition or medical problem that may limit your ability to perform the work of a volunteer? { } No { } Yes If yes, please explain _____

Are you Multi-Lingual? { } No { } Yes If yes, which language? _____

Number of year of College Education :(please circle one) 0 1 2 3 4, 5+

Major _____ Degree Granted _____

POLICIES AND REQUIREMENTS

All information given on this application will be kept strictly confidential.

Opportunities for volunteers are provided without regard to religion, creed, race, national origin or sex.

All applicants must attend a two (2) hour Orientation and a two (2) hour Hospital Orientation.

Health clearance, including TB testing, is required. (No expense to the applicant).

A background check will be completed by the hospital.

A minimum of 50 hours service per year is required as well as a minimum of one year service.

There will be a three (3) month Provisional (probationary) period after the Training Period.

All information provided in this application is accurate and correct to the best of my knowledge. I am aware and agree to the above policies and requirements of Sierra Nevada Memorial Hospital Auxiliary.

Applicant's Signature

Date

PERSONAL STATEMENT

1. Why did you select Sierra Nevada Memorial Hospital for your volunteer work?

2. What would you like to gain from this experience?

3. In what way will our hospital benefit from your volunteering?

4. Are you volunteering to fulfill any educational/experiential requirement?

5. Please list any questions you may have.
