



# STARR REGIONAL MEDICAL CENTER AUXILIARY APPLICATION FOR MEMBERSHIP

## PERSONAL HISTORY

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone numbers: \_\_\_\_\_

Date of Birth: (Month) \_\_\_\_ (Day) \_\_\_\_\_

## VOLUNTEER EXPERIENCE (If any)

Name/Address of Organization: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Details of Experience: \_\_\_\_\_  
\_\_\_\_\_

## PERSONAL REFERENCES

1. Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

**How did you become interested in Auxiliary membership?** (Please circle one.)

Individual Contact

Media Announcement

Recruitment Effort

**Areas of Interest (if any):** (Please circle all that apply.)

Nursing Home

Patient Care

Gift Shop - Etowah

Gift Shop - Athens

Other: \_\_\_\_\_

**Days Available:** (Please circle all that apply.)

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

**Hours Available to Work:** \_\_\_\_\_

**Location:** (Please circle one or both.) Athens Etowah

I understand that I am to work **one, four-hour shift** (or more) each week, and that I am expected to attend the regularly scheduled, monthly meetings. I pledge to adhere to all Starr Regional Medical Center (hospital, nursing home, etc.) and Auxiliary rules and regulations.

\_\_\_\_\_  
*Applicant's Signature*

\_\_\_\_\_  
*Date*