



# Hannibal Regional Auxiliary

## VOLUNTEER APPLICATION

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Sex:  M  F

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Home Address: \_\_\_\_\_  
(City) (State) (Zip)

E-Mail Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Birthdate: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Social Security Number: \_\_\_\_\_

In case of emergency, whom can we contact? \_\_\_\_\_  
(Name) (Relationship)

Phone: (day) \_\_\_\_\_ (evening) \_\_\_\_\_ (address) \_\_\_\_\_

Highest Level of Education: \_\_\_\_\_ Major \_\_\_\_\_

School name (if currently attending) \_\_\_\_\_ School phone: \_\_\_\_\_

School Address: \_\_\_\_\_  
(City) (State) (Zip)

Are you currently employed? \_\_\_\_\_ If so, where? \_\_\_\_\_

Why do you want to be a volunteer? \_\_\_\_\_

Have you ever volunteered before? \_\_\_\_\_ If so, where and what was your work assignment? \_\_\_\_\_

Auxiliary dues are by membership classification. Please check your choice for membership and be prepared to pay said amount at orientation:

- Active members participate by hospital service and/or fundraising activities of the Auxiliary. Dues are \$10.00 per year.
- Life members participate as active members described above, but pay a one time total of \$200 in lieu of annual dues (Payable in three payments).
- Sustaining members support the Auxiliary with annual dues in lieu of active service and fundraising participation with annual dues of \$100.00. Sustaining members will not be called to donate to fundraising activities.

**PLEASE CHECK THE AREAS IN WHICH YOU WOULD LIKE TO VOLUNTEER:**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Bake Sales                 | <input type="checkbox"/> Hannibal Free Clinic                | <input type="checkbox"/> Reception Desk (walking required) |
| <input type="checkbox"/> Blood Drives               | <input type="checkbox"/> Inpatient Rehabilitation Activities | <input type="checkbox"/> Resource Center - JECCC           |
| <input type="checkbox"/> Calling                    | <input type="checkbox"/> James E. Cary Cancer Center         | <input type="checkbox"/> Sewing                            |
| <input type="checkbox"/> Caring Cup (Coffee Bar)    | <input type="checkbox"/> Judy's Boutique                     | <input type="checkbox"/> Shuttle Service                   |
| <input type="checkbox"/> Clerical Work              | <input type="checkbox"/> Knitting                            | <input type="checkbox"/> Special Events                    |
| <input type="checkbox"/> Emergency Room             | <input type="checkbox"/> Marketing                           | <input type="checkbox"/> Surgery Waiting Rooms             |
| <input type="checkbox"/> Fresh Flowers              | <input type="checkbox"/> Magazine Committee                  |  |
| <input type="checkbox"/> Hannibal Children's Center | <input type="checkbox"/> Puppet Making                       |  |

Which day/days of the week are you available? M T W TH F SA S

Which shift would you prefer?  Morning  Afternoon  Evening

**\*Hannibal Regional Auxiliary shall not participate in any mandatory community service hours.**

All Auxilians volunteering in the Hospital are required to:

- 1) Undergo TB Testing
- 2) Complete general orientation program; specific department orientation and training prior to assignment
- 3) Comply with other training or health requirements as specified by the Hospital as applicable to the volunteer

Have you ever been convicted of any criminal offense other than a minor traffic violation? Y N

If yes, please explain: \_\_\_\_\_

Hobbies, skills & special interests: \_\_\_\_\_

Please list the Auxiliary member you were referred by: \_\_\_\_\_

**REFERENCES (local, non-family)**

1) Name \_\_\_\_\_ Address \_\_\_\_\_

Phone: (Mobile) \_\_\_\_\_ (Home) \_\_\_\_\_

How does this person know you? \_\_\_\_\_

2) Name \_\_\_\_\_ Address \_\_\_\_\_

Phone: (Mobile) \_\_\_\_\_ (Home) \_\_\_\_\_

How does this person know you? \_\_\_\_\_

Believing that the organization has a real need of my services as a volunteer, I will:

- be punctual and conscientious in the fulfillment of my duties and accept supervision graciously;
- conduct myself with dignity, courtesy and consideration;
- consider as confidential all information which I may hear, directly or indirectly, concerning a patient, doctor, or any member of personnel, and will not seek information in regard to a patient;
- take my problems, criticisms or suggestions to the Director of Volunteer Services;
- endeavor to make my work of the highest quality;
- uphold the standards of this organization.

I hereby certify that the answers on this application are true and correct and that any misrepresentations or omissions of facts or false information on my part will be grounds for dismissal as a volunteer.

Acceptance as a volunteer is contingent upon satisfactory references and verification of the information submitted on this application. I therefore authorize Hannibal Regional Auxiliary to make such investigations and inquiries deemed necessary in determining to accept me as a volunteer.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date