

Bay Area Hospital Auxiliary  
**Membership Application for Interview & Orientation**

Name \_\_\_\_\_ Phone (541) \_\_\_\_\_

Address \_\_\_\_\_ Zip Code \_\_\_\_\_

Mailing Address \_\_\_\_\_ Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
(if different)

Applicant's Occupation \_\_\_\_\_ Business Phone \_\_\_\_\_

Person to be contacted in case of illness or accident while on duty:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Relationship \_\_\_\_\_

Previous Work Experience: 1. As a volunteer \_\_\_\_\_

2. Other \_\_\_\_\_

Have you ever been employed at Bay Area Hospital?  Yes  No

If yes, what was your date of termination? \_\_\_\_\_

Education or Special Training: \_\_\_\_\_

Hobbies, Skills, Interests: \_\_\_\_\_

Community Affiliations: \_\_\_\_\_

Do you have a medical or physical problem that might limit your volunteer work?  Yes  No

Do you speak a foreign language?  Yes  No Which one(s)? \_\_\_\_\_

Schedule you prefer to work:  Mon  Tues  Weds  Thurs  Fri  Morning  Afternoon  Evening

Would you prefer patient contact?  Yes  No

Would you prefer service only and no patient contact?  Yes  No

Please provide a personal (non-family) member reference and a physician reference:

Personal Reference \_\_\_\_\_ Phone \_\_\_\_\_

Physician Name \_\_\_\_\_ Phone \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date \_\_\_\_\_

All volunteers must be interviewed, attend orientation, and pay \$10 yearly dues

For Office Use Only

Date received \_\_\_\_\_ Date of interview \_\_\_\_\_ By \_\_\_\_\_

Orientation \_\_\_\_\_ CPR \_\_\_\_\_ Uniform \_\_\_\_\_ Name Tag \_\_\_\_\_ Schedule \_\_\_\_\_