

Auxiliary Membership Application for Interview & Orientation**Legal Name** _____ **Date of Birth** _____*PLEASE NOTE: Birthdate is required
for background check process.***Preferred Name** _____**Phone** _____ **Email** _____**Address** _____**Mailing Address (if different)** _____**Occupation (if applicable)** _____ **Work Phone** _____**Emergency Contacts**

Name _____ *Phone* _____ *Relationship* _____

Name _____ *Phone* _____ *Relationship* _____**Previous Work Experience****Previous Volunteer Experience****Education or Special Training****Hobbies, Skills, Interests**

Names of Community Organizations to Which You Belong
Do You Speak Any Languages Other Than English?
Have You Ever Been Employed at Bay Area Hospital? Yes No If yes, when? _____

Preferred Schedule

Monday	<input type="checkbox"/> Mornings	<input type="checkbox"/> Afternoons	<input type="checkbox"/> Evenings
Tuesday	<input type="checkbox"/> Mornings	<input type="checkbox"/> Afternoons	<input type="checkbox"/> Evenings
Wednesday	<input type="checkbox"/> Mornings	<input type="checkbox"/> Afternoons	<input type="checkbox"/> Evenings
Thursday	<input type="checkbox"/> Mornings	<input type="checkbox"/> Afternoons	<input type="checkbox"/> Evenings
Friday	<input type="checkbox"/> Mornings	<input type="checkbox"/> Afternoons	<input type="checkbox"/> Evenings

Would You Prefer Patient Contact? Yes No

Would You Prefer Service Only and No Patient Contact? Yes No

Please Provide a Personal (Non-Family) Reference and a Physician Reference:

Personal Reference _____ Phone _____

Physician Name _____ Phone _____

Signature _____ **Date** _____

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

Bay Area Hospital complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. Bay Area Hospital does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

FOR OFFICE USE ONLY

Date Received	Date of Interview	By
Orientation	CPR	Uniform
		Name Tag
		Schedule