

HANNIBAL REGIONAL HOSPITAL 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, who 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? _____

The Auxiliary has general luncheon meetings on the third Monday, March through June, and September through December. Do you want your name on a calling list to be called for luncheon reservations? Yes No E-Mail

The Auxiliary publishes a newsletter quarterly. Do you wish to receive the newsletter by mail? Yes No

Auxiliary dues are by membership classification. Please check your choice for membership and be prepared to pay said amount upon 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. (Payable in three payments) in lieu of annual dues.
- 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.

