

WADLEY REGIONAL MEDICAL CENTER AUXILIARY

Volunteer Application

Name: _____
Last
First
Middle

Address: _____
Street
City
State
Zip

Phone: _____ Birthdate: _____ Can you Substitute? _____

Cell phone: _____ Email address: _____

Marital Status: Married Single Widowed Spouse _____

In case of a sudden illness or accident while at work, please notify:

Name Relationship Home Phone or Cell #

Community Affiliations: _____

Please indicate the days that you would prefer to work:

Mon Tue Wed Thu Fri Sat Morning Afternoon

We will certainly try to place you on a day and shift that you would prefer, but placement is up to the discretion of the president-elect as to where you are most needed.

Please indicate the area(s) in which you would be interested in working:

- | | |
|------------------------------------------------|--------------------------------------------|
| <input type="checkbox"/> Main Information Desk | <input type="checkbox"/> Golf Cart Driver |
| <input type="checkbox"/> Gift Shop | <input type="checkbox"/> Day Surgery |
| <input type="checkbox"/> Surgery Waiting | <input type="checkbox"/> Where most needed |
| <input type="checkbox"/> Office Work | |

Do you have any special skills (i.e. speak a foreign language, sew, calligraphy, etc.) _____

Do you require any special accommodations? If so, what: _____

- over -

**TO BE A MEMBER OF THE WADLEY AUXILLIARY
YOU ARE ASKED TO READ AND SIGN THE FOLLOWING:**

I agree to uphold the mission, by-laws, policies and procedures of the **Wadley Auxiliary** and the hospital it serves.

I will support and promote **Wadley Regional Medical Center** in all its endeavors and promote a positive image in the community.

I will be punctual and conscientious in my volunteer work and accept supervision gracefully.

I will conduct myself with dignity, courtesy and consideration.

I will consider all patient information that I learn while on duty as a volunteer to be confidential.

I will take any problems, criticisms or suggestions to the **Director of Volunteer Services** or the **Auxiliary President**.

I understand that in addition to paying my **\$5** dues each year that I must be regular in my duties as a volunteer in order to remain in good and active standing. I also understand that if I do not work my assigned shift in a month's period that I will be dropped from the roll.

Signature _____ Date _____

5/10

Please do not write below

FOR AUXILIARY USE ONLY

Interviewed by: _____ **Date:** _____

Orientation Date: _____ **Date to Start:** _____ **Dues Paid:** _____

Comments _____