

## UNION GENERAL HOSPITAL AUXILIARY VOLUNTEER FORM

Please complete this form and leave it with the Volunteers at the Hospital Information Desk.

Thank you for your interest in volunteering with the Union County General Hospital Auxiliary.

Volunteers play a vital role in our community and we greatly value our volunteers.

The information you provide will be stored in confidence.

Printed Full Name: _____	Today's Date: _____
Mr. <input type="checkbox"/> Dr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/>	Home Phone: _____
Address: _____	Cell Phone: _____
Zip Code: _____	Email: _____
Birth Day & Month: _____ / _____	Other: _____
	Preferred Time to be contacted: AM <input type="checkbox"/> PM <input type="checkbox"/>

If you have ever been a member of any Hospital Auxiliary:

Location: City & State: \_\_\_\_\_

Year(s) of Volunteering: \_\_\_\_\_

Your Volunteer Duties: \_\_\_\_\_

Contact Person Information: Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Do you have a valid State Driver's License?  Yes  No

Have you ever been convicted of or plead guilty to any crime(s) ?  Yes  No

Special Professional Training Skills: \_\_\_\_\_

My volunteer interest is with:

- |                                       |                                       |  |
|---------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Front Desk   | <input type="checkbox"/> ER           | <input type="checkbox"/> Out-Patient     |
| <input type="checkbox"/> Registration | <input type="checkbox"/> Radiology    | <input type="checkbox"/> As a Substitute |
|                                       | <input type="checkbox"/> Nursing Home |  |

I am available to volunteer:  Mon.  Tues.  Wed.  Thur.  Fri. (Feel free to select more than one)

- |  |  |
|--|--|
| <input type="checkbox"/> Morning             | <input type="checkbox"/> Afternoon     |
| <input type="checkbox"/> Morning & Afternoon | <input type="checkbox"/> Other : _____ |

(Volunteer hours are: 8:00 AM – 12:00 PM / 12:00 PM – 4:00 PM ♦ Front Desk is 9 AM -1 PM & 1 PM – 5 PM)

On the back of this form, we would like to know more about you. Please tell us why you wish to be a part of the UCGH Auxiliary.

Union County General Hospital policy requires all applicants to undergo a background check and TB Tests. Please freely sign to indicate your agreement to undergo these requirements.

\_\_\_\_\_  
Signature

I understand and accept the terms that the UGHA reserves the right to accept, refuse, or terminate any Auxiliary Volunteer without advanced notice or explanation.

\_\_\_\_\_  
Signature

Once your application has been received, within a short time, our Membership Committee will contact you. Should you desire additional information, you may email our Membership Training Coordinator, Cindy Weitzel, [cynw52@yahoo.com](mailto:cynw52@yahoo.com)