



Volunteer Application

Name: _____

Address: _____

Phone: _____ Birthday: _____ (mm/dd)

Previous/Current Employment: _____

Days/Shifts Unable to Work: _____

Our shifts are:

Heartland: 10:00 to 12:30; 12:30 to 3:00

RGH: 8:30 to 11:00; 11:00 to 2:00; 2:00 to 5:00

Nursing Home Juices: 1:30 to 3:00

No active member will be assigned to work more than one shift without her/his approval.

This does not include substitutions! Are you able to substitute? **Yes or No**

Agreement

I agree to uphold the purpose and policies of the RGH Auxiliary and of Roosevelt General Hospital. I will be loyal to RGH and this includes an attitude of professionalism based on dependability, high code of ethics and willingness to accept training. I will consider confidential all information seen and heard during the course of my service. I understand that membership is renewed upon payment of annual dues and contributing my time and effort to the Auxiliary. By signing this application I acknowledge that I am in good health and performing the duties of an Auxilian will not be a physical strain or harmful for me. If I have questions about my ability to meet the requirements of the auxiliary I will check with my personal physician.

Applicant Signature: _____ Date: _____

Please list two Auxiliary Member references including telephone number, excluding relatives:

Date Approved: _____ By: _____

Annual Dues: \$10.00/\$100.00 Lifetime Membership/Uniform: \$12.50