



Auxiliary Application

Name _____
Last First Nickname (Spouse Name)

Address _____
Street City Zip Code Telephone

Cell Phone (if applicable) E-mail Address (if applicable)

Birth Month: _____ Day: _____ Check here if under 18

In Case of Emergency Please Notify:

Name _____ Relationship _____
Phone _____ or _____

School Information (if applicable)

Name of School: _____ City: _____ Grade: _____

Current Employment (if applicable)

Company _____ Position _____

Address _____ Telephone _____

May we call if necessary? Yes No

Volunteer Information/Experience:

Please describe any volunteer experience or other experience which you feel would be helpful in serving DRMC's patients, visitors and employees: _____

Please list any special hobbies/interests/skills that could be included with your volunteering: _____

How did you become interested in our program? _____

Times Available: Mon Tue Wed Thu Fri Sat Sun
 Mornings Afternoon Evenings Other _____

Areas of Interest:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Gift Shop | <input type="checkbox"/> Admitting/Information Desk | <input type="checkbox"/> Refreshment Cart | <input type="checkbox"/> Mail Room |
| <input type="checkbox"/> Bake Sales | <input type="checkbox"/> Office Work | <input type="checkbox"/> Stock Vending Machine | <input type="checkbox"/> Special Care Unit |
| <input type="checkbox"/> Special Projects | <input type="checkbox"/> Events | <input type="checkbox"/> Filing/typing | <input type="checkbox"/> Computer |

This is not an all-inclusive list and these positions are subject to openings and availability.



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Please List Three References not related to you:

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

Have you ever been convicted of a felony? Yes No

Date of conviction: _____

NOTE: A conviction of a felony is not necessarily a bar to volunteer services. Each case is considered individually on the basis of nature of the crime.

Delano Regional Medical Center and it's Auxiliary Organization reserve the right to terminate volunteer service if a volunteer's performance standard is not in compliance with JCAHO and State of California standards for volunteer services. A performance evaluation will be completed on all volunteers assigned to Delano Regional Medical Center. It is further understood that before I begin a volunteer assignment, I must first complete the required TB skin test and orientation training.

I have read and understand the above conditions of volunteer service.

Signature of applicant _____ Date: _____

Return application to: Becky Gutierrez, Administration