GRANDE RONDE HOSPITAL AUXILIARY APPLICATION FOR VOLUNTEER SERVICE

PLEASE PRINT OR TYPE			DATE:			
Name:						
	Last	First	M.I.		Name of Spouse (If applicable)	
Address:						
	Number/Street	City	State	Zip	Phone	
Are You Curre	ently Employed?	YES	NO Birthda	I Y: Month/Day,	SSN:	
Email Address:						
Previous Wor	k Experience:					
Education:						
Vocational/Special Training or Skills:						
Community and Club Affiliations:						
Previous Volunteer Experience:						
Hobbies and Interests:						
Reason for Volunteering:						
Health:	Exc	ellent	Gc	bod	Fair	
Indicate Your Choice(s) of Work Areas: (Please List 1 st , 2 nd , and 3 rd Choices)						
Gift Shop	Reception Desk	Lobb	oy Host/Hostess	Sewing	SurgiCenter	
Hours Available: Mornings Afternoons Evenings						
Days Available	e: MON TUE	WED	THU FRI			
References: Please List Three (3) with Name, Complete Address and Phone for Each. References Will Be Contacted.						
	in be contacted.					
2						
3.						

Emergency Contact: List the name, address and phone number of family member (s) to call if illness occurs while you are on duty at the hospital:

GRANDE RONDE HOSPITAL AUXILIARY INFORMATION SHEET

The privilege of being a volunteer carries with it the responsibility of loyalty, and high professional conduct to the Hospital, its Board of Trustees, Medical Staff, Administration, personnel and other volunteers. A Volunteer upholds the dignity of the patient at all times. Everything you hear, see, or read is **CONFIDENTIAL**.

- 1. Your application to be a Hospital Auxiliary member will be screened by a Review Board.
- 2. After your application is reviewed, you will receive a letter indicating your status.
- 3. **IF YOU ARE ACCEPTED**, you will become a member after you complete the Orientation Checklist and your dues are paid. The dues are \$10.00 annually. The year runs from May 1st to April 30th.
- 4. DRESS: The lady volunteers wear pink smocks or shirts, white slacks (or skirts) and comfortable (preferably white) shoes. The gentlemen volunteers wear dark cranberry shirts or smocks and blacks slacks/pants.
- 5. ORIENTATION: A time will be scheduled for an all-day orientation, as required of all volunteers. You will also be trained in the department you are placed.

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PLEASE NOTE: It is not always possible to place new members in one specific area.
Please be patient and be willing to fill in at others areas until you can be permanently placed.
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- 6. MEETINGS: The THIRD MONDAY of EACH MONTH. Members will receive a monthly newsletter that will give time and place of meeting.
- 7. HANDBOOK: Please pay special attention to the VOLUNTEER PLEDGE and the BYLAWS.
- 8. Our volunteers are members of a large team. Always act in a way that will be above criticism: be quiet, dignified, considerate and tactful. Always remember that a cheerful smile and good humor are your best assets.