Dignity Health
Mercy Hospital of Folsom

Administration
1650 Creekside Drive
Folsom, CA 95630
Telephone (916) 983-7411
Fax (916) 983-7406

APPLICATION FOR AUXILIARY MEMBERSHIP

Please leave your completed application at the Front Desk in the Hospital Lobby; or mail to the Volunteer Coordinator at the above address.

Name: _____
Last First MI

Address: _____
Street City Zip Code

Home Telephone: _____ Work Telephone: _____

Cell Telephone: _____ E-Mail Address: _____

Education (Please Circle) High School 9, 10, 11, 12 College 1, 2, 3, 4

Student: Yes ___ No___ If Yes, List College and Field of Study

_____

Employment Information

Name of Company: _____ Position Held: _____

Address/City/Zip: _____ Telephone: _____

Have you ever been an employee or a volunteer at any Mercy facility? ( ) Yes ( ) No

If Yes, where _____ Dates: _____

List special training, skills and languages:

_____

_____

Please tell us briefly why you want to volunteer at Mercy Hospital of Folsom:

_____

_____

_____

_____

_____

List other volunteer experiences: _____

_____ Dates: _____

Days and times available to volunteer: _____

(Continued on back of page)

In case of an emergency, please provide a contact person:

_____	_____	_____
(Name)	Relationship)	Contact Number

Please read before signing:

I certify that the information contained in this application is correct to the best of my knowledge.

_____ _____

Signature Date

Interviewed by: _____ _____

Date

Mercy Hospital of Folsom is dedicated to providing equal opportunity for all volunteer applicants, regardless of age, race, religion, ethnic background, gender or sexual preference. Volunteers are judged on commitment, competence and reliability.