

**SIERRA NEVADA MEMORIAL HOSPITAL AUXILIARY
MEMBERSHIP APPLICATION**

Applicants must be at least 18 years of age.

Sierra Nevada Memorial Hospital (SNMH) is not a teaching hospital. The work done by Auxiliary members does not include opportunities for clinical patient care, job shadowing, resume enhancement, fulfillment of educational/experience requirements or personal growth in making medical career decisions.

Name: _____ Date: _____

Street Address: _____

P. O. Box: _____ City: _____ Zip: _____

Home Phone:(_____) _____ Cell Phone:(_____) _____

Birth Month: _____ Day: _____ E-Mail: _____

Emergency Contact: _____ Phone:(_____) _____

College Education (circle number of years): 0 1 2 3 4 5+

Major: _____ Degree Granted: _____ Currently attending? _____

Circle one: Retired Employed Not currently employed

Current Employer & Phone: _____

Previous Employment: _____

Volunteer Experience: _____

Skills (clerical, computer, leadership), talents or personal interests: _____

If multi-lingual, which language? _____

Do you have any physical or medical condition that may limit your ability to perform the work of a volunteer?

() No () Yes If yes, please explain: _____

Have you ever been convicted of a crime? () No () Yes If yes, please explain: _____

(Conviction is not an automatic bar to a volunteer position. Each case will be considered on its own merit.)

POLICIES AND REQUIREMENTS

- All information given on this Application will be kept strictly confidential.
- Opportunities for volunteers are provided without regard to religion, creed, race, national origin or sex.
- All applicants must attend a two (2) hour Auxiliary Orientation and a two (2) hour Hospital Orientation.
- Health clearance, including TB testing, is required. (No expense to the applicant.)
- A background check will be completed by the Hospital.
- A minimum of 50 hours service per year is required as well as a minimum of one year service.
- There will be a three (3) month Provisional (probationary) Period after the Training Period.

All information provided in this Application is accurate and correct to the best of my knowledge. I am aware of and agree to the above policies and requirements of Sierra Nevada Memorial Hospital Auxiliary.

Applicant's Signature

Date

PERSONAL STATEMENT

1. How did you hear of our program?

2. Please list any members of the Auxiliary that you know.

3. Why did you select the SNMH Auxiliary for your volunteer work? What do you hope to gain? What are your personal expectations?

4. How will the SNMH Auxiliary benefit from your service?

5. SNMH Auxiliary volunteers serve specific shifts which recur each month. Are you available to work in a structured schedule?

6. Please list any questions you may have.
