

Volunteer Application

Name (please print): _____ Date: _____
Mailing Address: _____
City/State/Zip _____
Phone: _____ Cell: _____ Email: _____

Volunteer Experience: _____
Present/Previous Work Experience: _____
Hobbies and Special Interests: _____

Personal References (Not Family):

Name: _____ Phone: _____
Address/ City/State/Zip: _____
Relationship To You: _____

Name: _____ Phone: _____
Address/ City/State/Zip: _____
Relationship To You: _____

History: Have you ever been convicted of a felony? Yes No

If "Yes" please explain: _____

Why do you want to be a auxilliary volunteer? _____

Service Areas offered. Please check your preferences:

- | | |
|---|---|
| <input type="checkbox"/> Attic Thrift Store | <input type="checkbox"/> Front Desk |
| <input type="checkbox"/> Barton Foundation | <input type="checkbox"/> Gift Shop |
| <input type="checkbox"/> Emergency Room | <input type="checkbox"/> Special Committees |

Special Skills:

- Typing Bookkeeping Bilingual Word Processing Other _____

Are there any physical limitations that would prevent you from performing certain volunteer services?

- Yes No If "Yes" please explain: _____

Birthday Month: _____

Membership Type:

- Active Member - \$10 per year - Active members regularly participate in active service programs of the Auxilliary and serve a minimum of 100 hours yearly.
- Part-time Seasonal Member - \$15 per year - Active seasonal members, serving 50 or more hours yearly.
- Associate Member - \$50 per year - Associate members are interested in the purpose of the Auxilliary and may participate in all events and services of the Auxilliary, but are not required to service a specific number _____ of hours.
- Life Member \$500 one-time payment.

In case of an emergency, please notify:

Name: _____ Phone: _____
Address/ City/State/Zip: _____
Relationship To You: _____

Signature: _____ Date: _____

Mail Completed Application With Payment To:

Barton Memorial Hospital Auxilliary
Attn: Membership Chairperson
2170 South Ave.
South Lake Tahoe, CA 96150

Acceptance of volunteer services is contingent on the successful completion of a criminal background check.

Interviewed by: _____ Date: _____ Board Approved Date: _____