



MEMBERSHIP/VOLUNTEER APPLICATION

Name (please print) _____

Physical Address: _____

City State Zip

Mailing Address (if different from Physical Address) _____

City State Zip

Email _____

Phone _____ Cell _____ DOB Month _____ Day _____

Volunteer Experience _____

Present/Previous Work Experience _____

Hobbies/Special Interests _____

Why do you want to be an Auxiliary Member/Volunteer?

Service Area(s) of interest: Check one or more

- Front Desk Emergency Dept Skilled Nursing Comfort Cart Community Health Center
 Blood Drives Wellness Panels Special Events
 Other (please specify) _____

Special Skills: _____

Are there any physical limitations that would prevent you from performing certain volunteer services? yes no

If yes, please explain: _____

Membership Type:

- | | |
|---|--------------------------------|
| <input type="checkbox"/> General Member | \$15/year, 100 hours or more |
| <input type="checkbox"/> Part-time Member | \$15/year, 50+ hours or more |
| <input type="checkbox"/> Associate Member | \$50/year, no hour requirement |
| <input type="checkbox"/> Life Member | \$500 one-time payment |

Personal References (not family):

Name _____ Phone _____

Address _____

City State

Relationship to You _____

Name _____ Phone _____

Address _____

City State

Relationship to You _____

In case of Emergency, please notify:

Name _____

Address _____

City State Zip

Acceptance of membership/volunteer services is contingent on successful completion of a criminal background check, TB test, and vaccination prescreening with Barton Health.

Applicant's Signature _____ Date _____

Interviewed by: _____ Date _____

Payment of Dues: \$ _____ Date _____ Cash* _____ Check # _____

Mail completed application to:
Barton Memorial Hospital Auxiliary
Attention: Vice President/Membership
2170 South Avenue
South Lake Tahoe, CA 96150

Questions: 530-543-5728

*Please don't send cash in the mail.
Revised Feb. 2018