

**NORTHSIDE HOSPITAL AUXILIARY
MEMBERSHIP APPLICATION**



PRINT PLAINLY - COMPLETE ENTIRE APPLICATION

Date _____

NAME (Last) _____ (First) _____ (Preferred name) _____

Home Address _____

City, State, Zip Code _____ Home Phone _____

Email address _____ Cell Phone _____

If Employed, Name of Company _____ Office Phone _____

In case of Emergency, notify _____ Home Phone _____

Relationship _____ Office Phone _____

Previous Volunteer Experience _____

Hobbies, Skills or Special Interests _____

Are you 18 years or older? _____ Birthday _____

Is there any health reason which might limit your ability to volunteer? Yes _____ No _____

If yes, please explain

The Auxiliary will attempt to make volunteer assignments based on the applicant's interests and physical & mental abilities. The Auxiliary cannot guarantee that a volunteer assignment will be available that meets an applicant's special needs or limitations. If an appropriate assignment is not available, the Auxiliary will refund the applicant's membership fee.

Availability for Volunteer Assignment: Day of Week _____
Morning _____ Afternoon _____ Evening _____

Student: Yes _____ No _____

Membership Dues are payable at Orientation and annually thereafter.

Active Membership	\$10.00
Associate Membership	\$20.00
Life Membership	\$100.00

DO NOT ATTACH CHECK OR CASH TO THIS APPLICATION.

I certify that all information provided in this application is true and correct to the best of my knowledge. I understand that any falsification or significant omission of any information requested herein will be considered sufficient cause for discharge without prior warning at any time during my service with Northside Hospital Auxiliary.

I hereby elect and agree to be covered by Northside Hospital's Worker's Compensation Program for any accident or injury sustained during the course of my volunteer service to Northside Hospital. I acknowledge that I am not considered an employee for any other purposes and am not entitled to any of the other benefits available to employees.

Signed Date

Interests: _____
