

Garden Park Medical Center Auxiliary Application for Volunteer Services

Name: _____
Last First Today's Date

Home Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____
Home Cell

Birth date: _____ / _____
Month Day

Previous Experience (Volunteer or Employed)

Dates	Place	Duties
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Education or Special Training

Hobbies, Skills, Special Interests

Community Affiliations (Church, Clubs, Organizations)

Do you have adequate means of transportation to get to work on time, each day and when called in on short notice (if applicable)? Yes No

Are you at least 21 years of age or older? Yes No

Person (s) to be contacted in case of emergency on duty:

Name	Phone	Relationship
_____	_____	_____
_____	_____	_____

****Dress Code for Auxiliary Members: Smock or vest, which costs around \$25.00
 Slacks or Skirts only, No jeans may be worn**

Approved: _____	Date: _____	Position: _____	Day: _____
Comments: _____			Shift: _____