



MENNO HOSPITAL
**APPLICATION FOR HOSPITAL AUXILIARY
 MEMBERSHIP**

NAME:				DATE:			
HOME PHONE:			WORK PHONE:			CELL:	
ADDRESS:						POSTAL CODE:	
PRESENT OR PREVIOUS OCCUPATION:							
PREVIOUS VOLUNTEER AND/OR WORK EXPERIENCE:							
SPECIAL INTERESTS/SKILLS (E.g. Music, crafts, encouragement, etc.)							
PREFERENCE OF VOLUNTEER ACTIVITIES:							
<input type="checkbox"/> Gift Shop				<input type="checkbox"/> Reading			
<input type="checkbox"/> Visiting				<input type="checkbox"/> Writing Letters			
<input type="checkbox"/> Transporting via wheelchairs within Hospital				<input type="checkbox"/> Other (describe)			
AFFILIATIONS – Church(es) or other groups:							
LANGUAGES – able to communicate in:							
<input type="checkbox"/> English		<input type="checkbox"/> German		<input type="checkbox"/> Other – List:			
AVAILABILITY – (Please indicate hours – i.e. between 2:00-3:00 PM)							
	MON.	TUES.	WED.	THURS.	FRI.	SAT.	SUN.
Mornings:							
Afternoons:							
Evenings:							

OTHER HELPFUL INFORMATION:

In CASE OF EMERGENCY, a Relative or Friend to contact:

Name: _____ PH: _____

Relationship: _____

Thank you for completing this application. You should be contacted soon.