HEART OF THE ROCKIES REGIONAL MEDICAL CENTER

AUXILIARY APPLICATION

NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MAILING ADDRESS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TELEPHONE NUMBER\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_CELL PHONE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HAVE YOU EVER BEEN A MEMBER OF A HOSPITAL AUXILIARY? \_\_\_\_IF SO, WHERE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

WHAT IS YOUR REASON FOR WANTING TO JOIN THE AUXILIARY? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

IN WHAT AREA OF THE HOSPTIAL WOULD YOU LIKE TO WORK? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

VOLUNTEER PLEDGE

Believing that the hospital has real need of my services as a volunteer:

I will be punctual and conscientious in the fulfillment of my duties and accept supervision graciously.

I will conduct myself with dignity, courtesy and consideration.

I will consider as confidential all information which I may hear directly or indirectly concerning a patient, doctor or any member of personnel and will not seek information in regard to a patient.

I will take any problems, criticisms or suggestions to the Director of Volunteers.

I will endeavor to make my work of the highest quality.

I will uphold the traditions and standards of this hospital and will interpret them to the community at large.

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Applicant Signature Director of Volunteers

Active Membership $10.00 \_\_\_\_\_\_\_\_\_\_\_\_ Associate Membership $20.00 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_