

ATCHISON HOSPITAL AUXILIARY  
APPLICATION FORM

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

NAME AND ADDRESS OF PERSON WHO SHOULD BE CONTACTED IN CASE OF  
ILLNESS ON DUTY

\_\_\_\_\_ PHONE \_\_\_\_\_

OCCUPATION OF APPLICANT \_\_\_\_\_

PREVIOUS WORK EXPERIENCE \_\_\_\_\_

(A) AS A VOLUNTEER \_\_\_\_\_

(B) OTHER \_\_\_\_\_

EDUCATION OR SPECIAL TRAINING \_\_\_\_\_

HOBBIES, SKILLS, SPECIAL INTERESTS \_\_\_\_\_

FAMILY OBLIGATIONS: \_\_\_\_\_

NUMBER AND AGES OF CHILDREN \_\_\_\_\_

DO YOU DRIVE? \_\_\_\_\_ IS CAR AVAILABLE? \_\_\_\_\_

LIST TWO LOCAL REFERENCES \_\_\_\_\_

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

SERVICES PREFERRED \_\_\_\_\_

DAYS PREFERRED (Monday through Friday) \_\_\_\_\_

MORNING \_\_\_\_\_ AFTERNOON \_\_\_\_\_

THE VOLUNTEER PLEDGE – “Believing that the Atchison Hospital Auxiliary has a real need for my services as a volunteer...

I will be punctual and conscientious in the fulfillment of my duties and will 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, a doctor, or any member of the 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.

NAME \_\_\_\_\_

DATE \_\_\_\_\_