

Nonprofit Hospital Auxiliary Volunteer Sign-Up Form

First Name

Last Name

Address

City

State

ZIP Code

Phone Number

Email

Occupation

Preferred Volunteer Area(s)

☐

Patient Support

☐

Administrative Support

☐

Gift Shop

☐

Event Assistance

☐

Other

Availability

☐

Weekday Mornings

☐

Weekday Afternoons

☐

Weekday Evenings

☐

Weekends

Have you volunteered with us before?

☐

Yes



No

Previous Volunteer Experience (if any)

Relevant Skills or Qualifications

Emergency Contact Name

Emergency Contact Phone

Additional Comments