

Hospital Auxiliary Volunteer Registration Form

Full Name

Date of Birth

Address

Phone Number

Email Address

Preferred Volunteer Assignment

☐ Patient Services ☐ Gift Shop ☐ Clerical ☐ Other

Available Days

☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday ☐ Sunday

Available Time

Are you over 18 years old?

☐ Yes ☐ No

Previous Volunteer Experience

Emergency Contact Name

Emergency Contact Phone