



APPLICATION/RENEWAL FOR MEMBERSHIP NORTHEASTERN NEVADA REGIONAL HOSPITAL AUXILIARY

ACTIVE SERVICE MEMBER:

SHALL CONTRIBUTE A MINIMUM OF 72 VOLUNTEER HOURS PER YEAR, ATTEND SAFETY TRAINING, HAVE A TB TEST OR CHEST XRAY, WEAR A SMOCK WITH NAMEPLATE AND A HOSPITAL ID BADGE WHEN ON SERVICE DUTY

HOSPITAL REQUIREMENTS:

1. SIGN CONFIDENTIALLY FORM (ADMINISTRATION OFFICE)
2. FILL OUT AUTHORIZATION FOR RELEASE OF INFORMATION FOR VOLUNTEER PURPOSES (ADMINISTRATION OFFICE)

PATRONS:

DONATION: \$100 OR MORE PER YEAR
SHALL RECEIVE A MONTHLY NEWSLETTER AND ONE TICKET TO THE NOVEMBER LUNCHEON. NO VOTING RIGHTS

LIFE MEMBERS:

WE NEED TO KNOW IF YOU WILL BE AN ACTIVE SERVICE MEMBER THIS YEAR.
PLEASE HELP US THIS YEAR - WE NEED YOU!
FILL OUT THE COMMITTEE CHECK LIST.



Northeastern Nevada Regional Hospital

AUXILIARY APPLICATION / RENEWAL

PLEASE RETURN THIS SHEET WITH YOUR DUES AND COMMITTEE CHECK LIST TO: JUDY JOHNS (504 S. 5TH STREET, ELKO, NV 89801) Make checks out to NNRH Aux

NAME: Last First Middle Age: 18 or over: Y N

MAILING ADDRESS: Street City State Zip Code

PHONE NUMBER

PREVIOUS VOLUNTEER EXPERIENCE

PAST EXPERIENCE:

- OFFICE WORK
- COMPUTER
- OFFICE MACHINES
- TYPING
- BOOKKEEPING
- PUBLIC RELATIONS
- SIGN LANGUAGE
- SECOND LANGUAGE ?
- HEALTHCARE
- WRITING SKILLS
- SALES

AVAILABILITY:

- MORNINGS
- AFTERNOONS
- EVENINGS
- WEEKENDS

PHYSICIAN: NAME PHONE

IN CASE OF EMERGENCY NOTIFY: NAME PHONE RELATIONSHIP

APPLICANT'S SIGNATURE