

AUXILIARY OF MEMORIAL HOSPITAL AT EASTON, MD
VOLUNTEER APPLICATION FORM

DATE _____

Name _____

Address _____

Home Phone _____ Work Phone _____

Date of Birth _____

Occupation and Employer _____

Special Skills or Interests _____

Applicable Volunteer or Work Experience _____

Person to Notify in Case of Emergency _____

(Name and Telephone Number) _____

Why you want to be an Auxiliary Volunteer _____

Please list name, telephone number and relationship of two references

1. _____

2. _____

Please tell us how you heard about or became interested in joining the Auxiliary
