

Mail check and application to:

**Owatonna Hospital Auxiliary
% Volunteer Recruiter
2250 NW 26th Street
Owatonna, MN 55060**

Auxiliary Volunteer Application

FIRST NAME		MIDDLE INITIAL	LAST NAME
STREET ADDRESS			APT.
CITY		ZIP CODE	HOME PHONE
MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> AGE (if student) _____		E-MAIL ADDRESS	
Have you ever pled guilty, no contest or been convicted of a crime? YES <input type="checkbox"/> NO <input type="checkbox"/>			
EMPLOYER'S NAME AND ADDRESS (if applicable)		EMPLOYER'S PHONE	
PREVIOUS VOLUNTEER EXPERIENCE			
HOBBIES, INTERESTS, SPECIAL SKILLS		COMPUTER SKILLS: Yes <input type="checkbox"/> No <input type="checkbox"/>	
REFERENCES WE MAY CALL (other than family)			
Name _____ Relationship _____ Phone (____) _____			
Name _____ Relationship _____ Phone (____) _____			
EMERGENCY CONTACT NAME:			
_____ PHONE NUMBER (____) _____			
DO YOU HAVE A DISABILITY THAT MAY LIMIT YOUR VOLUNTEER EXPERIENCE?			
Yes <input type="checkbox"/> No <input type="checkbox"/> Comment: _____			
DAYS AVAILABLE: <input type="checkbox"/> MON <input type="checkbox"/> TUES <input type="checkbox"/> WED <input type="checkbox"/> THURS <input type="checkbox"/> FRI <input type="checkbox"/> SAT <input type="checkbox"/> SUN			
TIMES AVAILABLE: Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening <input type="checkbox"/> Other: _____			
VOLUNTEER POSITION(S) YOU WOULD PREFER:			
<input type="checkbox"/> Clerical Assistance <input type="checkbox"/> Information Desk <input type="checkbox"/> Kit Assembly <input type="checkbox"/> Patient Courtesy			
<input type="checkbox"/> Pink Pantry/Coffee & Gifts <input type="checkbox"/> Sewing/Knitting <input type="checkbox"/> Special Events <input type="checkbox"/> Therapy Services			
ENROLL ME AS:			
__Active Member/\$5.00 __Inactive Member/\$10.00 __Life Member/\$100.00 __Auxiliary Donation (optional)			
(Make checks payable to: Owatonna Hospital Auxiliary)			
Dues are payable Jan. 1 st of each year			

Signature _____

Date: _____