



**MEMORIAL HOSPITAL JACKSONVILLE AUXILIARY, INC.**  
**VOLUNTEER APPLICATION**



Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Last) (First) (Middle Initial)

Address \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Business Phone \_\_\_\_\_ Uniform Size \_\_\_\_\_  
(S,M,L,XL,XXL,XXXL)

E-Mail Address: \_\_\_\_\_ Recruited by: \_\_\_\_\_

**STATUS:**  
 Employed     Retired     Homemaker     Student

Where? \_\_\_\_\_  
 Position? \_\_\_\_\_  
 Employer Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Can you perform the duties **WITH** or **WITHOUT** assistance/accommodations?  
 \_\_\_\_\_

**Prefer:**     Walking     Sitting     Standing     No Preference

**TIME AVAILABILITY:** Please Check

Day of Week	Mon	Tue	Wed	Thur	Fri	8am-12pm
Mornings						9am-12:30pm
Afternoons						12pm-4pm
						12:30pm-4pm

**Non-Core Hours** (limited services available)

**SERVICES:**

<input type="checkbox"/> Admitting	<input type="checkbox"/> Ambassador	<input type="checkbox"/> Cath Lab Wtg. Room
<input type="checkbox"/> Chaplaincy	<input type="checkbox"/> Critical Care Wtg. Room	<input type="checkbox"/> Flowers & Discharge
<input type="checkbox"/> Express Care	<input type="checkbox"/> Gift Shop	<input type="checkbox"/> H2U/Special Svcs
<input type="checkbox"/> Emergency Department	<input type="checkbox"/> Information Desk	<input type="checkbox"/> Plaza Imaging
<input type="checkbox"/> Spint & Joint Center	<input type="checkbox"/> Women's Lobby	<input type="checkbox"/> Resource Center

**Signature:** \_\_\_\_\_

**REFERENCES:** List 3 people and their relationship to you (**NOT RELATED**).

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

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Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

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Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

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**EMERGENCY CONTACTS:** Please provide Two

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

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Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

**All Information contained herein is kept confidential in the Auxiliary files.**  
**MUST BE AT LEAST 19 YEARS OF AGE**

**Working Experiences** (Current/Previous): \_\_\_\_\_

**Volunteer Experiences:** \_\_\_\_\_

**Skills:** Check all that apply to you.

Clerical                       Windows/Word                       Leadership Role                       Merchandising/Retail  
 Patient Environment                       Other \_\_\_\_\_

I would be interested in serving on special projects in addition to regular service. (i.e., preparing mailings, etc.)

I would be willing to work on special fundraising projects (i.e., jewelry sales, art sales, etc.)

I would be willing to help with community outreach projects (i.e., van transportation, health fairs, etc.)

**Leisure Time/Hobbies Interest:** \_\_\_\_\_

**What do you hope to gain from your volunteer experience?** \_\_\_\_\_

**Have you volunteered in a health care setting before?**      Yes       No       If yes, describe the experience. \_\_\_\_\_

**What about the health care setting is appealing to you?** \_\_\_\_\_

**How did you hear about our program?**                       Friend                       Newspaper                       Brochure                       Bulletin Board

Other (please specify) \_\_\_\_\_

**ANY MISSTATEMENTS OR OMISSIONS OF MATERIAL FACTS IN THE APPLICATION MAY BE CAUSE FOR DISMISSAL.**

**Mail to:**  
**Membership Chairman**  
**Memorial Hospital Auxiliary**  
**3625 University Blvd. South, Suite 140**  
**Jacksonville, FL 32216**

Phone:      (904) 702-6975  
Fax              (904) 391-3356  
**www.memorialhospitaljax.com**

**COMMENTS:**