

DORMINY MEDICAL CENTER AUXILIARY

VOLUNTEER APPLICATION

SUBMIT COMPLETED APPLICATION TO:

Community Relations

Attention: Holley Lee

P.O. Box 1447

Fitzgerald, GA 31750

Email: hlee@dorminymedical.org

NAME

LAST NAME

FIRST NAME

INITIAL

ADDRESS

STREET

CITY

STATE

ZIP

PHONE

TEXT: YES NO

IN CASE OF EMERGENCY, NOTIFY:

NAME

PHONE

RELATIONSHIP

PREVIOUS VOLUNTEER EXPERIENCE

WHY DO YOU WANT TO VOLUNTEER WITH THIS ORGANIZATION?

REFERENCES: (REQUIRED) LIST THREE NON-FAMILY MEMBERS

1. PHONE

2. PHONE

3. PHONE

TIME AVAILABLE FOR VOLUNTEERING (CIRCLE ALL THAT APPLIES):

MON.

TUES.

WED.

THUR.

FRI.

SAT.

MORNING (8AM – 12PM)

AFTERNOON (12PM – 4PM)

FREQUENCY OF VOLUNTEER AVAILABILITY: (e.g. weekly, semi-weekly, monthly, etc)

HOBBIES, INTERESTS, SKILLS:

EDUCATION: CHECK WHERE APPLICABLE HIGH SCHOOL COLLEGE

ACTIVE MEMBERSHIP: \$5.00 WITH PLEDGE TO WORK 50 HOURS OR MORE A YEAR

RECOMMENDED BY AUXILIARY MEMBER