

Ferrell Hospital Auxiliary Volunteer Questionnaire

Name: _____ Date: _____

Address: _____ Phone: _____

_____ Date of Birth: _____

Who referred you to the Auxiliary? _____

Have you worked in a hospital as a volunteer? Yes _____ No _____

If yes, where and how long? _____

What other organizations are you active in? _____

Will you be out of town during certain seasons? Yes _____ No _____

If yes, when? _____ For how long? _____

Unfortunately, members sometimes need to miss their scheduled day and time. Is it okay if you are called to fill in for another member? Yes _____ No _____

In case of emergency, please notify:

Name: _____ Relationship: _____

Address: _____ Phone: _____

References (Please list 3):

Name, Relationship and Phone Number:

1. _____

2. _____

3. _____

Office Use Only

Orientation Date: _____

Orientated By: _____