



Name: _____ Date: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email: _____ Birthdate: _____

Social Security Number: _____ (information can be provided upon becoming a volunteer)

Tell us about yourself, including interests, hobbies, special training, skills, etc. _____

How did you hear about the Cameron Auxiliary? _____

Why do you want to volunteer with the Cameron Auxiliary? _____

Have you volunteered for other organizations previously? _____

If so, please tell us where, when and what you did: _____

What are your volunteer interests? (Please circle all that apply)

- | | | | | |
|-------------|-----------|---------------|--------------------|------------------|
| Hospitality | Gift Shop | Clerical | Surgical Transport | Cameron Woods |
| Urgent Care | Mail Room | Courtesy Cart | Cancer Center | Community Events |

What is your availability? (Please circle all that apply)

- | | | | | |
|----------|---------------|-----------|--------------|--------|
| Monday | Tuesday | Wednesday | Thursday | Friday |
| Mornings | Afternoons | Evenings | | |
| Weekly | Twice Monthly | Monthly | Other: _____ | |

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Becoming a volunteer is contingent on the successful completion of a background check, including a criminal history check, and in roles that involve handling cash, a credit check.

Auxiliary Applicant

Date