

**VCU Health Community Memorial Hospital Auxiliary**

1755 N. Mecklenburg Ave. • P. O. Box 90 • South Hill, VA 23970

Date: \_\_\_\_\_

**Application for Membership**

Membership in the Auxiliary shall be open to all individuals of at least eighteen years of age, who are interested in VCU Health Community Memorial Hospital and meet the approval of the VCU Health Community Memorial Hospital Auxiliary Interview Committee. This application must be completed in its entirety in order to be considered. Please leave no section unanswered, where information is requested.

Personal Information			
Name/Last/First/Middle Initial			Birth Month/Date/Year
Mailing Address: Street or PO Box/City/State/Zip			
Home Phone Number	Cell Phone Number	County	E-Mail Address
Have you worked in a Hospital before as a volunteer? _____ If so, please explain: _____			
Can you operate a computer? _____ Are you out of town for lengthy periods of time? _____ Why do you desire to become a member of VCU Health Community Memorial Hospital Auxiliary? _____			
Have you ever been convicted of, or have pending charges for, a felony or misdemeanor (other than a minor traffic violation) either within the Commonwealth of Virginia or anywhere else? If yes, please explain in detail.			
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you currently employed? _____ Have you ever been employed? _____			

Employer if/when applicable		
Name		Telephone No.
Address		
Most Recent Former Employer		
Name		Telephone No.
Address		
<b>TWO REFERENCES ARE REQUIRED – NOT A RELATIVE</b> – (If a reference is an Auxiliary member, his/her signature is required below.)		
Name	Address and Telephone No.	Years Acquainted
1.		
2.		
Auxiliary Member Reference's Signature (if/when applicable)		
Auxiliary Member Reference's Signature (if/when applicable)		

Upon receipt of your application, you will be contacted to schedule an interview. If you are accepted as an Auxiliary member, you will be required to have criminal background checks, tuberculosis screening, and orientation. You will also be required to contribute at least forty-eight hours of volunteer service and attend an update annually. Flu shots are mandatory, unless medical or religious exemption is approved upon your request.

**DEPARTMENTS OR AREAS WHERE VOLUNTEERS MAY BE ASSIGNED**

Admissions/Registration  
Cancer and Specialty Care Center  
Emergency Department  
Gift Shop  
Hundley Center  
Information Desk

Mammography  
Marketing  
Radiology  
Rehab (Hospital)  
Rehab (Rehab Center)  
Surgical Waiting

**CHECK PROJECTS IN WHICH YOU MAY WISH TO GET INVOLVED**

Art Work \_\_\_\_\_  
Baking Cookies and Other Sweets \_\_\_\_\_  
Decorations (Christmas, Receptions, and other) \_\_\_\_\_  
Fundraising \_\_\_\_\_  
Tour Host or Hostess \_\_\_\_\_  
Tree of Love - Elizabeth T. Moseley Scholarship Fund Program and Reception \_\_\_\_\_

I hereby certify that all information on this application, and any attachments hereto, are true and complete. I understand and agree that any falsification or omission of information herein, regardless of time of discovery, may cause forfeiture on my part to membership with VCU Health Community Memorial Hospital Auxiliary. I also understand that all information on this application is subject to verification, and that I will be asked to consent to criminal background checks during the course of the application process. I agree that VCU Health Community Memorial Hospital may contact any reference, employer, and/or educational institution listed on this application and I authorize VCU Health Community Memorial Hospital to rely upon and use, as it sees fit, any information received from such contacts.

I authorize VCU Health Community Memorial Hospital Auxiliary to contact any or all of my references for full information.

\_\_\_\_\_  
Applicant's Signature

To avoid possible delay in the application reaching the VCU Health CMH Auxiliary, please mail completed application to:

Sylvia Lambert, Membership Chairperson, 600 Binford Street, South Hill, VA 23970-1512