



**Adult Auxiliary/Volunteer Membership Application**

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

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

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

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

Cell: \_\_\_\_\_

**Phone:** Home: \_\_\_\_\_ **e-mail:** \_\_\_\_\_

In case of emergency, notify:

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

**Phone:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

Education background: \_\_\_\_\_

Work experience: \_\_\_\_\_

Have you ever been convicted of a felony? Yes: \_\_\_ No: \_\_\_

Hobbies, skills and interests: \_\_\_\_\_

Previous volunteer experience: \_\_\_\_\_

What type of volunteer activity are you interested in? \_\_\_\_\_

What is your availability? Days of the week: \_\_\_\_\_

Hours: \_\_\_\_\_

What influenced you to be a volunteer at Baptist Health Paducah?

List names and numbers of two personal references that are not kin:

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

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

I authorize Baptist Health Paducah Volunteer Services Department to request information concerning my character and reliability from the above named references.

\_\_\_\_\_  
*Signature of Applicant*

