

# LOWER UMPQUA HOSPITAL AUXILIARY APPLICATION

600 Ranch Road, Reedsport, Oregon 97467

NAME \_\_\_\_\_ HOME PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ WORK PHONE \_\_\_\_\_

E-Mail address \_\_\_\_\_ Birth date: Mo \_\_\_\_\_ Date \_\_\_\_\_

PLEASE INDICATE:

Previous type of work/volunteer experience: \_\_\_\_\_

Foreign language(s) spoken, if any \_\_\_\_\_

Days and times you might be available for volunteer work:

Monday	AM _____	PM _____	Eve _____
Tuesday	AM _____	PM _____	Eve _____
Wednesday	AM _____	PM _____	Eve _____
Thursday	AM _____	PM _____	Eve _____
Friday	AM _____	PM _____	Eve _____
Saturday	AM _____	PM _____	Eve _____
Sunday	AM _____	PM _____	Eve _____

What are your interests? The Auxiliary and the Hospital need your help. Please check below those areas that are of interest to you and that you would be interested in helping.

<input type="checkbox"/> RADIOLOGY	<input type="checkbox"/> BUSINESS OFFICE
<input type="checkbox"/> LEGISLATION	<input type="checkbox"/> PUBLICITY
<input type="checkbox"/> GIFT SHOP	<input type="checkbox"/> READING ALOUD
<input type="checkbox"/> SCHOLARSHIP	<input type="checkbox"/> SEWING/KNITTING
<input type="checkbox"/> TELEPHONING	<input type="checkbox"/> INFORMATION DESK
<input type="checkbox"/> VISITING	<input type="checkbox"/> LANGUAGE INTERPRETATION

## CONFIDENTIALITY POLICY

As a member of the Lower Umpqua Hospital Auxiliary, I am required to observe the highest type of individual discretion. It is my responsibility to refrain from repeating anything confidential that I may learn in my association with patients, hospital staff, or other Auxiliary members. Even the most casual statement could be damaging to his or her future career, personal dignity and position in the community, not to mention the risk involved in the possibility of court action against myself and the hospital.

I understand the hospital's confidentiality policy, agree to follow its guidelines and hereby apply for membership in the Lower Umpqua Hospital Auxiliary. \$5.00 dues for active members, \$10.00 for associate members *attached*. (Dues will be returned in the event that membership application is not accepted).

Name \_\_\_\_\_

Date \_\_\_\_\_