

AUXILIARY VOLUNTEER APPLICATION/REGISTRATION FORM

Name: _____ Date of birth: _____

Home Address: _____ City: _____ Zip: _____

Home Phone: _____ Cell: _____

E-mail address: _____

Name and address of person to contact in case of illness on duty:

1. _____

2. _____

Relationship 1 _____ Phone# _____

Relationship 2 _____ Phone # _____

Service Area Selected to Volunteer: _____

Check one:

- College volunteer
- Adult volunteer
- EAMC Foundation Volunteer

Auxiliary Pledge:

Believing that the East Alabama Medical Center has real need of my service as a Volunteer:

I WILL be punctual and conscientious in the fulfillment of my duties and accept supervision graciously.

I WILL conduct myself with dignity, courtesy and consideration.

I WILL consider as confidential all information which I may hear directly or indirectly concerning a patient, doctor or any member of personnel, and will not seek information in regard to patient.

I WILL take any problem, criticism, or suggestions to the Chairman of the Committee on which I serve.

I WILL endeavor to make my work of the highest quality.

Signature: _____

Date: _____