

**Elliot Hospital Associates
Membership Application**
(Please Print Clearly)

Name _____

Street _____

City _____ **State** _____ **Zip** _____

Phone: Home _____ Cell _____

Email: _____

Reference (Please indicate your relationship):

_____ relative _____ business _____ friend

Name _____

Phone: _____

Business/Career Experience(s): _____

Are you now or have you ever been an employee of the Elliot Hospital?

_____ **Yes** _____ **No**

If yes, when and in what role? _____

Special Interests/Talents: _____

Since part of the Elliot Hospital Associates' Mission is to "Provide opportunities for our volunteers to serve and grow within the Elliot Health System community," we would like you to indicate in which of the following you would be interested:

_____ baking _____ gift shop _____ singing

_____ sewing/knitting _____ correspondence

_____ helping at fundraising events (e.g. selling tickets, manning tables, etc.)

_____ managing vending machines

_____ Committee work (indicate in which area) :

History _____

Coordinating fundraising events _____

Other Leadership role (specify) _____

I would prefer to volunteer...

_____ on a regular basis _____ on special projects _____ both

All Elliot Hospital Associates must comply with the policies and regulations of the Elliot Hospital Volunteer Office.

Signature _____ Date _____

For office use only: Date application received _____

Date vote taken _____ Approved: yes _____ no _____

Date packet sent _____

Date of Introductory Meeting _____