

**Auxiliary to Laredo Medical Center
Volunteers Office Tel. (956) 796-4658**

Today's Date: _____

MEMBERSHIP APPLICATION

Started Work _____

Committee Assigned _____

Dues _____

Date _____

Cash _____

Check # _____

Name _____

Spouse _____

Address _____

City _____ Zip _____

Telephone (Home) _____

(Work) _____

(Cell) _____

Next of Kin _____

Relationship _____

Address _____

Tel Home _____

Work _____

Cell _____

Membership Category Active \$5.00 Associate \$10.00 Life \$150.00

Check one or more of the following Categories.

Duty Hours: Morning 8:00 – 12:00 or 9:00 – 1:00
 P.M. 12:00 - 4:00 or 1:00 – 5:00

COMMITTEE POSITIONS

- Emergency Department Courtesy Desk
- Gift Shop
- Information Desk
- Surgery Courtesy Desk

Please list experiences, hobbies or talents you may have _____

Auxilian or other Personal References: Name _____

Telephone (Home) _____ (Work) _____ (Cell) _____

All Auxilians are responsible for purchasing their own uniform from the Auxiliary.

Auxiliary does not buy back or issue refunds on uniforms.

New Members will work 32 hours before receiving Cafeteria Privileges.

Orientation Date _____ Initials _____ TB/Blood Test , Date _____ Initials _____