

# Steele Memorial Auxiliary Membership Application

- Volunteers assisting in various support capacities under the supervision of Steele Memorial Medical Center (SMMC) staff.
- Minimum requirements: Active membership is available to those who regularly participate in the active service programs of the Auxiliary, which include committee assignments, fundraising activities and/or special projects. Active members serve a minimum of 25 hours annually and pay annual dues of \$5.00. Active members in good standing have the right to vote, participate in meetings and hold Office in the Auxiliary, subject to the limitations set forth in the Auxiliary bylaws.



*We consider applications for all volunteer positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation or any other legally protected adults.*

Return Application to Administration, with the following:

- A copy of your Drivers License + one other form of ID

We appreciate your interest in becoming a volunteer at Steele Memorial Medical Center (SMMC). The information submitted on this application is confidential and will be used for placement purposes only.		
Date of Application:		
Last Name:	First Name:	Middle Initial:
Address: <i>Street</i>	<i>City</i>	<i>State</i> <i>Zip Code</i>
Email Address:	Home Phone:	Social Security Number:
	Work Phone:	
Emergency Contact:	Home Phone:	Birth Date:
	Work Phone:	
Have you ever filed an application with SMMC before?	Circle one:	YES NO
Have you ever been employed by SMMC?	Circle one:	YES NO
Have you ever been through a SMMC orientation?	Circle one:	YES NO
If so, please provide date for verification.	Date:	
When would you like to begin volunteering at SMMC?	Date:	
Have you ever been convicted of a felony in the past 7 years?	Circle one:	YES NO
If yes, please explain ( <i>Conviction will not necessarily disqualify you from volunteering</i> ):		

<b>Placement Preferences &amp; Skill Levels</b>		
Please indicate your interest level using a scale of one (1) to ten (10), with ten (10) for most interested. Indicate Skill Level for those areas in which you have expressed an interest: 0 (no experience, would like to learn); B (beginner); M (moderate ability); A (advanced). Please mark those areas that are of interest to you.	Interest Level	Skill Level
ADMITTING INFORMATION DESK – Assist staff and patients at front desk. Monday through Friday – 9:00 a.m. to 1:00 p.m. or 1:00 to 4:00 p.m.		
AUXILIARY GIFT SHOP – Work shifts in the Gift Shop.  (Weekday shifts only)		
BLOOD DRIVES/HEALTH FAIR – Assist staff with blood drives and health fairs.		
COMMUNITY OUTREACH EVENTS – Assist staff with community outreach events. Assist other Auxiliary members with community outreach events, such as the “Pink Tea” (for Breast Cancer Awareness), etc.		
FUND RAISERS – Assist staff with general fundraising events as necessary. Assist other Auxiliary members with fundraising events (i.e. Bake Sale).		
OTHER (please specify): 1.  2.		

<b>Additional Skills</b>			
Please check the skills you can share with us:			
<input type="checkbox"/>	Audio Visual	<input type="checkbox"/>	Fundraising
<input type="checkbox"/>	Bookkeeping	<input type="checkbox"/>	Knitting/Crocheting/Sewing
<input type="checkbox"/>	Computers	<input type="checkbox"/>	Marketing
<input type="checkbox"/>	Customer Service	<input type="checkbox"/>	Purchasing
<input type="checkbox"/>	Crafts/Decorating	<input type="checkbox"/>	Sales
<input type="checkbox"/>	Filing	<input type="checkbox"/>	Typing
Other Skills or Work Experience:			

## Applicant's Agreement, Statement & Authorization(s)

I would like to join the Auxiliary as an Active Member who will regularly participate in the active service programs of the Auxiliary, which include committee assignments, fundraising activities and/or special projects.

I understand that there is an annual \$5.00 dues charge for active membership in the Auxiliary. To remain active, I will pay my dues and volunteer at least 25 hours annually with SMMC.

As a Volunteer, you are considered a member of our Steele Memorial Medical Center (SMMC) family, and as such you have a certain responsibility to SMMC and its patients; to observe the same code of conduct/ethics as professional staff, to adhere to Steele Memorial's policies and procedures, and to uphold patient confidentiality.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any volunteer relationship with SMMC is of an "at will" nature, which means that the Volunteer may resign at any time and SMMC may discharge the Volunteer at any time with or without cause. It is further understood that this "at will" relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

By my signature below, I further understand that:

- ✓ I certify all statements made on this application to be true, correct, and complete to the best of my knowledge and made in good faith.
- ✓ I authorize a Reference & Criminal Background Check, as well as investigation of any and all statements contained in this application, for the purpose of determining volunteer decision.
- ✓ In the event of acceptance to this Volunteer Program, I understand that false or misleading information given in my application or interview(s) may result in disqualification or discharge.
- ✓ I understand that I am required to abide by all rules and regulations of SMMC.
- ✓ I will meet the minimum hours required for the Auxiliary.
- ✓ **Before** beginning an Active Volunteer Assignment, I will:
  - Complete a background check,
  - Complete a drug screen,
  - Review and sign the following forms: Code of Conduct, Workforce Confidentiality and HIPAA Compliance Agreement, Volunteer's General Release of Liability, OIG & EPLS Consent Form, AND complete online Compliance testing.
- ✓ In addition, and upon acceptance into the Auxiliary, I will attend an orientation within the first six months of beginning an Active Volunteer Assignment.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

This application shall be considered active and kept on file for six (6) months;  
or if approved, for the duration of membership.  
Incomplete applications will not be accepted.  
Acceptance of completed applications does not constitute acceptance into the Auxiliary.

*Please return completed applications to SMMC Administration*



# Department Request for Volunteer Services

Date: \_\_\_\_\_ Date Needed: \_\_\_\_\_

Your Name: \_\_\_\_\_

Your Department: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Extension: \_\_\_\_\_

### I would like volunteer help on:

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday

### Preferred Time

start time                      end time

- |                                   |   |
|-----------------------------------|---|
| <input type="checkbox"/> 9:00 AM  | <input type="checkbox"/> 12:00 PM             |
| <input type="checkbox"/> 10:00 AM | <input type="checkbox"/> 1:00 PM              |
| <input type="checkbox"/> 11:00 AM | <input type="checkbox"/> 2:00 PM              |
| <input type="checkbox"/> 12:00 PM | <input type="checkbox"/> 3:00 PM              |
| <input type="checkbox"/> 1:00 PM  | <input type="checkbox"/> 4:00 PM              |
| <input type="checkbox"/> 11:00 AM | <input type="checkbox"/> please specify _____ |
|                                   | <input type="checkbox"/> please specify _____ |

### I would like help in the following areas:

- clerical
- data entry (computer)
- filing/sorting
- reception
- organizing/cleaning
- telephone
- escort/delivery

- photocopying
- prepare packets
- receiving/stocking
- patient contact
- please specify \_\_\_\_\_
- please specify \_\_\_\_\_
- please specify \_\_\_\_\_

Please give a brief description of duties you need help with

### Skills, talents or physical requirements needed to perform necessary tasks

- computer
- basic math
- money handling
- customer service
- long periods of standing
- long periods of sitting
- reaching

- lifting
- walking
- good eye/hand coordination
- reading/writing
- other, please specify \_\_\_\_\_
- other, please specify \_\_\_\_\_
- other, please specify \_\_\_\_\_

Please return your completed request to Libby Brittain in Administration. Thank you!