



STURGIS HOSPITAL AUXILIARY APPLICATION

DATE: _____

NAME: _____

ADDRESS: _____

TELEPHONE: _____

EMAIL ADDRESS: _____ @ _____

INTERESTES, HOBBIES, TALENTS:

WHAT DAYS AND TIMES ARE YOU AVAILABLE TO WORK AS A VOLUNTEER?

PLEASE INDICATE WHICH GUILD(S) YOU ARE INTERESTED IN:

FIRST CHOICE: _____

SECOND CHOICE: _____

THIRD CHOICE: _____

TWO REFERENCES ARE REQUIRED. PLEASE LIST:

1. _____ PHONE: _____

2. _____ PHONE: _____

**PLEASE ASK THE HOSPITAL RECEPTIONIST TO PLACE THIS FORM IN THE
AUXILIARY MAILBOX or MAIL TO: STURGIS HOSPITAL, ATTN: HUMAN RESOURCES,
916 MYRTLE AVE. STURGIS, MI 49091**

VOLUNTEERS DO MAKE A DIFFERENCE! WE CARE!