

APPLICATION FOR VOLUNTEERS

Beckley ARH Hospital Auxiliary

(To be completed by applicant)



Name: _____ Date: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____ E-Mail: _____

Preferred method of contact: Phone E-mail Text

References: Please include name, relationship, and phone number of two personal references.

1. _____

2. _____

Area(s) of Interest: Please check any area(s) in which you are willing to volunteer. Space is provided if you would like to add more information below.

Information Desks Gift Shop Weekly Popcorn Sales
 Monthly Workshops Other: _____

Have you ever worked or volunteered at an ARH facility? Yes No

Are you willing to permit ARH to run a background check on you? Yes No

By my signature below I certify that I am at least 18 years of age and in good physical and mental condition to serve as a volunteer. I agree to uphold the purpose and policies of the Auxiliary and the Beckley ARH Hospital which it serves. I understand that my membership is renewed upon payment of annual dues.

Applicant Signature: _____ Date: _____

Return Completed Application In person:

OR

Mail Completed Application to:

OR

Fax Completed Application to:

E-mail Completed Application to:

Number to call with any questions:

Volunteer Coordinator, Human Resources Department

Volunteer Coordinator
Beckley ARH Hospital
306 Stanaford Road
Beckley, WV 25801

304-254-2771

mmeador@arh.org

304-255-3217