

# ***Ferrell Hospital Auxiliary Volunteer Questionnaire***

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ Date of Birth: \_\_\_\_\_

Who referred you to the Auxiliary? \_\_\_\_\_

Have you worked in a hospital as a volunteer? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, where and how long? \_\_\_\_\_

What other organizations are you active in? \_\_\_\_\_

Will you be out of town during certain seasons? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, when? \_\_\_\_\_ For how long? \_\_\_\_\_

Unfortunately, members sometimes need to miss their scheduled day and time. Is it okay if you are called to fill in for another member? Yes \_\_\_\_\_ No \_\_\_\_\_

In case of emergency, please notify:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_

References (Please list 3):

Name, Relationship and Phone Number:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

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*Office Use Only*

Orientation Date: \_\_\_\_\_

Orientated By: \_\_\_\_\_