Mercy
A member of CHW

Mercy Hospital of Folsom
Administration
1650 Creekside Drive
Folsom, CA 95630
Telephone (916) 983-7400
Fax (916) 983-7406

APPLICATION FOR AUXILIARY MEMBERSHIP
Please leave your completed application at the Front Desk in the Hospital Lobby; or mail to the Volunteer Coordinator at the above address.

Name: _____
Last First MI

Address: _____
Street Apartment City Zip Code

Home Telephone: _____ Work Telephone: _____

Cell Telephone: _____ E-Mail Address: _____

SS#: _____ CA Driver's License# _____

Education (Please Circle) High School 9, 10, 11, 12 College 1, 2, 3, 4

Employment Information

Name of Company: _____ Position Held: _____

Address/City/Zip: _____ Telephone: _____

Have you ever been an employee or a volunteer at any Mercy facility? ( ) Yes ( ) No

If Yes, where _____ Dates: _____

List special training, skills and languages:

_____

List other volunteer experiences: _____

_____ Dates: _____

Have you ever been convicted of a crime? ( )Yes ( ) No
If yes, what type of conviction: _____

Please read before signing:

I certify that the information contained in this application is correct to the best of my knowledge.

_____ _____
Signature Date

Mercy Hospital of Folsom is dedicated to providing equal opportunity for all volunteer applicants, regardless of age, race, religion, ethnic background, gender or sexual preference. Volunteers are judged on commitment, competence and reliability.