



Volunteer Auxiliary Membership Application

An interview, criminal background check, and orientation class are required.

Full Name: _____

Address: _____ City: _____ Zip: _____

Email: _____

Home Phone: _____ Cell Phone: _____

Are you older than 18 years of age? _____

Are you employed? _____ Retired? : _____

Are you a member of other organizations? _____ Held Office? _____

Specialized Training: _____

Personal Interests: _____

Auxiliary Shifts: 8:30a-11:30a; 11:30a-2:30p; 2:30p-5:30p; 5:30p-8:30p

What day can you volunteer: _____

What shift: _____

We do not accept community service, Hospital pre-employment, or student pre-requisites.

After acceptance by the Membership Committee, the applicant must serve a provisional period of 30 hours within 3 months, the service to be designated by the Coordinator of the Auxiliary. Note: Active members are required to serve a minimum of 75 hours per year.

Signature of Applicant: _____ **Date:** _____

Fax application to: 813-916-2897, or email application to: HRdept@brandonhospital.com, or deliver to the Information Desk at Tower A entrance, Women’s Center Gift Shop, or mail to:

BRH Volunteer Auxiliary
Brandon Regional Hospital
119 Oakfield Drive
Brandon, FL 33511

(To be completed by Coordinator)
Interview Date: _____
Orientation Date: _____
Service: _____