

**KAWEAH DELTA DISTRICT HOSPITAL GUILD
MEMBERSHIP APPLICATION**

PERSONAL

Name _____ Soc. Sec. # _____ Date _____

Address _____ Telephone No. _____

City _____ Zip Code _____

Shifts you are willing to work: Days _____ Mornings _____ Afternoons _____ Evenings _____ Weekends (Yes) (No)

Were you referred by a Guild member? Yes _____ No _____ If yes, Name of Guild member _____

If no, please attach one letter of reference from a non-Guild member.

Do you have a physical disability that might prevent you from efficiently and safely performing the service you have applied for? Yes _____ No _____ Date of Birth: Month _____ Day _____ Year _____

Do you write or speak a foreign language(s)? Which language(s)? _____

Have you ever been convicted of a crime other than a minor traffic violation: Yes _____ No _____ If yes, explain _____

Would you object to being fingerprinted? Yes _____ No _____

Are you now or have you been a volunteer in other organizations? If so, where? _____

What type of volunteer work? _____

Please list community organizations, clubs, etc., to which you belong and any offices held. _____

Are you now employed or attending school? Yes _____ No _____ If so, where _____

Name of person to notify in case of emergency: _____ Telephone No. _____

TRAINING, EXPERIENCE AND INTERESTS

A. Office Skills _____	B. Selling _____	C. Publicity _____	D. Patient Contact _____	E. Sewing _____
Cashiering _____	Bookkeeping _____	Purchasing _____	Telephoning _____	Arts/Crafts _____
Computer _____	Reception _____	Display _____		

PROVISIONALS

All prospective new members should attend all regular meetings after orientation. Membership will become effective after the prospective member has trained the number of hours set by the governing board, and has been elected to membership. Meetings are the first Tuesday of each month at 10 AM, except for December (when we hold our Christmas Coffee), June, July and August.

I understand that all hospital volunteers must have a TB test or chest X-ray upon entrance into the program.

I understand that punctual and dependable attendance is a requirement of my service. For unavoidable and valid absences, I must obtain a trained substitute and notify my Chairman of the day I will be absent.

Signature _____

Return to: Provisional Chairman, KDHCD Guild
PO Box 427, Farmersville, CA 93223

APPLICATIONS FOR MEMBERSHIP
ARE RECEIVED THROUGHOUT THE YEAR.