

Barton Memorial Hospital Auxiliary
2170 South Avenue, South Lake Tahoe, CA 96150
aemail@bartonhealth.org

MEMBERSHIP/VOLUNTEER APPLICATION

Name (please print) _____

Physical Address: _____

City State Zip

Mailing Address (if different from Physical Address):

City State zip

Email _____

Phone _____ Cell _____ DOB Month ____ Day ____

Volunteer Experience _____

Present/Previous Work Experience _____

Hobbies/Special Interests _____

Why do you want to be an Auxiliary Member/Volunteer?

Service Area(s) of interest: Check one or more

Front Desk ER Skilled Nursing Comfort Cart Community Health Center
 Blood Drives Special Events Footprints to Future Center (Orthopedics/Wellness)
 Other (please specify) _____

Special Skills: _____

Are there any physical limitations that would prevent you from performing certain volunteer services?
 yes no

If yes, please explain: _____

Membership Type:

_____ General Member \$15/year, 100 hours+ _____ Part-time Member \$15/year, 50+ hours

_____ Associate Member \$50/year, no hours requirement _____ Life Member \$500 one-time payment

Personal References (not family):

Name _____ Phone _____

Address _____

City State

Relationship to You _____

Name _____ Phone _____

Address _____

City State

Relationship to You _____

In case of Emergency, please notify:

Name _____

Address _____

City State Zip

Acceptance of membership/volunteer services is contingent on successful completion of a criminal background check, TB test, and vaccination pre screening with Barton Health.

Applicant's Signature _____ Date _____

Interviewed by: _____ Date _____

Payment of Dues: \$ _____ Date _____ Cash _____ Check # _____

FAIR CREDIT REPORTING ACT

I understand that Barton Health will utilize the services, Universal Background Check as part of the procedure for processing my application for employment or to be considered as a volunteer.

I understand that Universal Background Check will conduct an investigation which may include obtaining information covering up to the last seven (7) years regarding my references, character, past employment, work habits, education, general reputation, personal characteristics, credit information, driving records and criminal background.

I also understand that before I am denied employment based on information obtained in the report, I will be provided a copy of the report and a description in writing of my rights under the Fair Credit Reporting Act.

I hereby consent to this investigation and authorize Barton Health to procure a report on my background as stated above from Universal Background Check. A copy of the complete report will be provided at time of employment. If you have any concerns regarding your report please feel free to contact Universal Background Check at 877-263-8033, or in writing to Universal Background Check 7720 North 16th Street, #200, Phoenix, AZ 85020, or visit the website, www.universalbackgroundcheck.com

Signature _____

Date _____

Print Name _____

Date of Birth _____ SSN _____
(MonthDay/Year)

Mailing Address: _____

E-mail: _____

Phone #: _____ Submitted: _____

Below is for Auxiliary/HR Progress Tracking:

_____ Application _____ Credit Check _____ Paperwork _____ Immunizations

_____ General Orientation Attendance _____ Badge _____ Dues