

Please fill in and mail to Dean Armstrong 1403 Arville

Thank you -

(2-3-59)

ROSE DE LIMA HOSPITAL AUXILIARY

Pin

Name Florence Calca Husbands Name Tony Calca  
 Address 1902 Weldon Pl. Husband's Occupation Dealer  
 Telephone Number DW 44054 No. of Children & Ages None  
 Previous Volunteer experience City of Hope

Volunteer Preference:

(1) Service in Hospital:

Flowers \_\_\_\_\_ Geriatrics \_\_\_\_\_  
 Gift Shop \_\_\_\_\_ Central Supply \_\_\_\_\_  
 Library \_\_\_\_\_ Business Office \_\_\_\_\_  
 Dietary Dept Evening Children's Ward \_\_\_\_\_  
 Switchboard \_\_\_\_\_

Miscellaneous Surgery Thursday A.M.

(2) Homework:

Nursery & Pediatric Mending \_\_\_\_\_  
 Special decorations \_\_\_\_\_  
 Telephone Committee \_\_\_\_\_

Do you drive a car? No  
 Do you type? Very little - could address envelopes  
 Special interests \_\_\_\_\_  
 Date of last chest plate \_\_\_\_\_  
 Comments \_\_\_\_\_

Interviewed by \_\_\_\_\_ Date of Interview \_\_\_\_\_  
 Sponsered by Marie Barrat Assigned to \_\_\_\_\_

Florence Calca  
 Signature of Member

Fill in and return to Kay Smith 1818 E. St. Louis

Thank you -

6-19-57

ROSE DE LIMA HOSPITAL AUXILIARY

Name Mary E. Callahan  
Address 1500 S. 8th Street  
2465 Parkville St  
Telephone Number Ev. 5-1536  
DU 2-6677

Husband's Name Thomas J. Callahan  
Husband's Occupation Pub. Boss  
No. of Children and Ages none

Previous Volunteer experience none

Volunteer preference:

(1) Service in Hospital:

- |                     |                                |
|---------------------|--------------------------------|
| Flowers _____       | Geriatrics _____               |
| Mail <u>✓</u> _____ | Central Supply _____           |
| Library _____       | Business Office _____          |
| Dietary Dept. _____ | Children's ward <u>✓</u> _____ |
| Switchboard _____   |                                |

Miscellaneous time-keeper-recording monthly hours for auxiliary

(2) Homeward:

- Nursery & Pediatric mending: \_\_\_\_\_
- Special decorations: ✓ \_\_\_\_\_
- Telephone committee ✓ \_\_\_\_\_
- Cookie Donations for meetings ✓ \_\_\_\_\_

Do you drive a car? Yes

Do you type? \_\_\_\_\_

Special interests: \_\_\_\_\_

Special skills: \_\_\_\_\_

Date of last chest plate 1956-

Comments Good

Interviewed by: \_\_\_\_\_

Date of interview: \_\_\_\_\_

Mary E. Callahan  
Signature of Member

Assigned to \_\_\_\_\_

Life Member

ROSE DE LIMA HOSPITAL AUXILIARY

Name Carmen Campbell Husbands Name Frank  
Address 2709 Howard Dr. Husband's Occupation proprietor Pipe-fitter  
Telephone Number DU 4-8158 No. of Children & Ages (4) 17, 15, 12, 8  
Previous Volunteer experience Boy Scouts and Girl Scouts

Volunteer Preference:

(1) Service in Hospital:

Flowers _____	Geriatrics _____
Gift Shop _____	Central Supply _____
Library _____	Business Office _____
Dietary Dept. _____	Children's Ward _____
Switchboard _____	

Miscellaneous \_\_\_\_\_

(2) Homework:

Nursery & Pediatric Mending \_\_\_\_\_  
Special decorations \_\_\_\_\_  
Telephone Committee yes \_\_\_\_\_

Do you drive a car? yes \_\_\_\_\_

Do you type? no \_\_\_\_\_

Special interests \_\_\_\_\_

Date of last chest plate \_\_\_\_\_

Comments \_\_\_\_\_

Interviewed by \_\_\_\_\_

Sponsored by Lanisa McDonald

Date of Interview \_\_\_\_\_

Assigned to \_\_\_\_\_

Carmen Campbell  
Signature of Member

Please fill in and return to:

9-10

(donator)

ROSE DE LIMA HOSPITAL AUXILIARY

607 Burton

Name Luis Cardinal

Husband's Name <sup>Pin</sup> Robert Cardinal

Address 5012 ~~Washington~~

Husband's Occupation Gas Distributor

Telephone Number DU-44330

No. of Children and Ages None

Previous Volunteer experience None

Volunteer preference: Mon thru Thurs - any time

(1) Service in Hospital:

- Flowers \_\_\_\_\_
- Mail \_\_\_\_\_
- Library \_\_\_\_\_
- Dietary Dept. \_\_\_\_\_
- Switchboard  \_\_\_\_\_
- Geriatrics \_\_\_\_\_
- Central Supply  \_\_\_\_\_
- Business Office \_\_\_\_\_
- Children's ward \_\_\_\_\_

Miscellaneous time-keeper-recording monthly hours for auxiliary

(2) Homeward:

- Nursery & Pediatric mending: \_\_\_\_\_
- Special decorations: \_\_\_\_\_
- Telephone committee  \_\_\_\_\_
- Cookie Donations for meetings  \_\_\_\_\_

Do you drive a car? yes

Do you type? no

Special interests: \_\_\_\_\_

Special skills: \_\_\_\_\_

Date of last chest plate ?

Comments \_\_\_\_\_

Interviewed by: \_\_\_\_\_

Date of interview: \_\_\_\_\_

Assigned to \_\_\_\_\_

Luis Cardinal  
Signature of Member

(Life member)

ROSE DE LIMA HOSPITAL AUXILIARY

ACTIVE \_\_\_\_\_

ASSOCIATE \_\_\_\_\_

Name Hannah Carlson Husband's Name E. C. Carlson  
 Address 327-8-10<sup>th</sup> St Husband's Occupation Manager Frontier Fidelity Savings & Loan  
 Telephone Number Dec 48167 No. of Children & Ages 2 - married  
 Previous Volunteer experience None

Volunteer Preference:

(1) Service in Hospital:

Obstetrics, 2nd floor _____	Medical, 1st floor _____
Gift Shop _____	Central Supply, 3rd floor <u>✓</u>
Dietary Dept. _____	Business Office _____
Recovery Room, 3rd floor _____	Children's Ward _____
Out-Patient _____	Laboratory _____
Miscellaneous _____	Surgery, 3rd floor _____

(2) Homework:

Nursery & Pediatric Mending \_\_\_\_\_  
 Special decorations \_\_\_\_\_  
 Telephone Committee \_\_\_\_\_

Do you drive a car? yes Will you take other workers? yes  
 Do you type no  
 Special interests \_\_\_\_\_

Date of last chest plate \_\_\_\_\_  
 Comments \_\_\_\_\_

Date voted in 6-14-61 Date of Orientation 6-15-61  
 Sponsored by Mary Ann HOBAN Assigned to \_\_\_\_\_

Hannah Carlson  
 Signature of Member

Please mail to Beow Armstrong  
1403 Coville Ave.

9-9-58

9-9

FORM 5117

ROSE de LIMA HOSPITAL AUXILIARY

Name Mrs. Vivian N. Christoffersen Husband's Name Dr. O. H. Christoffersen  
Address 1344 Pleasant Rd. Husband's Occupation M.D.  
Telephone Number OR 4-5901 No. of Children & Ages Ann 4 1/2 Carl 7  
Previous Volunteer experience \_\_\_\_\_

Volunteer Preference:

(1) Service in Hospital:

Flowers _____	Geriatrics _____
Mail _____	Central Supply _____
Library _____	Business Office _____
Dietary Dept. _____	Children's Ward _____
Switchboard _____	

Miscellaneous Unable to do hospital work for the time being!

(2) Homework:

Nursery & Pediatric mending \_\_\_\_\_  
Special decorations yes  
Telephone committee yes

Do you drive a car? Yes  
Do you type Yes  
Special interests music

Special skills Reg. nurse

Date of last chest plate Jan 1957  
Comments \_\_\_\_\_

Mrs. Vivian N. Christoffersen  
Signature of Member

Interviewed by \_\_\_\_\_  
Date of interview \_\_\_\_\_  
Sponsored by Betty Leckitch  
Assigned to \_\_\_\_\_

Dues Paid.  
58

(11-4-58)

TRANS UNIT *Bin*

ROSE de LIMA HOSPITAL AUXILIARY

Name MRS P.J. Ciro Husband's Name Pete Ciro  
 Address 1818 Weldon St Husband's Occupation Ref man  
 Telephone Number 204 2715 <sup>after 2:30 PM</sup> No. of Children & Ages X  
 Previous Volunteer experience None

*low add*

2013 Griffith

Volunteer Preference:

(1) Service in Hospital:

Flowers <u>✓</u>	Geriatrics <u>✓</u>
Mail <u>✓</u>	Central Supply <u>✓</u>
Library <u>✓</u>	Business Office <u>✓</u>
Dietary Dept. <u>✓</u>	Children's Ward <u>✓</u>
Switchboard <u>✓</u>	
Miscellaneous <u>✓</u>	

(2) Homework:

~~Nursery & Pediatric mending~~ ✓  
 Special decorations ✓  
 Telephone committee ✓

Do you drive a car? yes  
 Do you type no  
 Special interests sewing

Special skills \_\_\_\_\_

Date of last chest plate \_\_\_\_\_

Comments Oct 10, 1958

O.K.

Elizabeth Ciro  
 Signature of Member

Interviewed by \_\_\_\_\_

Date of interview \_\_\_\_\_

Sponsored by Betty Lookitah

Assigned to \_\_\_\_\_

*Miss Pol.  
58*

ROSE DE LIMA HOSPITAL AUXILIARY

ACTIVE X

ASSOCIATE \_\_\_\_\_

Name Rosemary Clarke Husband's Name James Y.  
 Address 704 Algiers Road Husband's Occupation M. D.  
 Telephone Number OR 8-2420 No. of Children & Ages 3-17-14-11  
 Previous Volunteer experience T. B. Hospital - Danlingen, Texas

Volunteer Preference:

(1) Service in Hospital:

Obstetrics, 2nd floor \_\_\_\_\_ Medical, 1st floor \_\_\_\_\_  
 Gift Shop \_\_\_\_\_ Central Supply, 3rd floor \_\_\_\_\_  
 Dietary Dept. \_\_\_\_\_ Business Office \_\_\_\_\_  
 Recovery Room, 3rd floor \_\_\_\_\_ Children's Ward \_\_\_\_\_  
 Laboratory \_\_\_\_\_  
 Out-Patient \_\_\_\_\_ Surgery, 3rd floor \_\_\_\_\_  
 Miscellaneous Record Room

(2) Homework:

Nursery & Pediatric Mending \_\_\_\_\_  
 Special decorations \_\_\_\_\_  
 Telephone Committee X

Do you drive a car? Yes Will you take other workers? \_\_\_\_\_

Do you type Yes

Special interests \_\_\_\_\_

Date of last chest plate 9-11-60

Comments OK.

Date voted in \_\_\_\_\_ Date of Orientation \_\_\_\_\_

Sponsored by B. Peterson Assigned to \_\_\_\_\_

Signature of Member \_\_\_\_\_





Kindly fill in and mail to Sean Armstrong 403 Arville  
Thank You

(9-9-58)

THANK YOU

ROSE de LIMA HOSPITAL AUXILIARY

Name Sileen Ann Costello Husband's Name James Wm. - Sr.  
Address 1777 West Charleston Husband's Occupation Self-employed  
Telephone Number Dudley 4-6193 No. of Children & Ages 4 sons, all over 21  
Previous Volunteer experience \_\_\_\_\_

Volunteer Preferences:

(1) Service in Hospital:

Flowers <input checked="" type="checkbox"/>	Geriatrics _____
Mail _____	Central Supply _____
Library _____	Business Office _____
Dietary Dept. _____	Children's Ward <input checked="" type="checkbox"/>
Switchboard _____	
Miscellaneous _____	

(2) Homework:

Nursery & Pediatric mending \_\_\_\_\_  
Special decorations \_\_\_\_\_  
Telephone committee \_\_\_\_\_

Do you drive a car? \_\_\_\_\_  
Do you type  \_\_\_\_\_  
Special interests \_\_\_\_\_

Special skills \_\_\_\_\_

Date of last chest plate time of recent Red Cross Mobile Unit  
Comments \_\_\_\_\_

Sileen Ann Costello

Signature of Member

Interviewed by \_\_\_\_\_  
Date of interview Sept  
Sponsored by K. McWhray  
Assigned to \_\_\_\_\_

58

Please fill in and mail to Dean Armstrong  
1403 Arville  
Thank you

6-2-59 9-9-30

ROSE DE LIMA HOSPITAL AUXILIARY

Name Virginia Cummings Husbands Name Phil Cummings  
Address 2208 So 17th St Husband's Occupation \_\_\_\_\_  
Telephone Number Du 29822 No. of Children & Ages 4 - ages 16, 15, 12, 9  
Previous Volunteer experience none

Volunteer Preference:

(1) Service in Hospital:

Flowers \_\_\_\_\_ Geriatrics \_\_\_\_\_  
Gift Shop \_\_\_\_\_ Central Supply \_\_\_\_\_  
Library \_\_\_\_\_ Business Office X \_\_\_\_\_  
Dietary Dept. \_\_\_\_\_ Children's Ward \_\_\_\_\_  
Switchboard \_\_\_\_\_ (anywhere needed)

Miscellaneous \_\_\_\_\_

(2) Homework:

Nursery & Pediatric Mending \_\_\_\_\_  
Special decorations X \_\_\_\_\_  
Telephone Committee \_\_\_\_\_

Do you drive a car? yes  
Do you type? yes  
Special interests \_\_\_\_\_

Date of last chest plate 1957  
Comments \_\_\_\_\_

Interviewed by \_\_\_\_\_ Date of Interview \_\_\_\_\_  
Sponsored by Dean Armstrong Assigned to \_\_\_\_\_

Virginia Cummings  
Signature of Member

(2-60)

ROSE DE LIMA HOSPITAL AUXILIARY

Name (Miss) Margaret L. Lurry Husbands Name \_\_\_\_\_

Address 1912 E Charleston Blvd Husband's Occupation \_\_\_\_\_

Telephone Number Area 2-4761 No. of Children & Ages \_\_\_\_\_  
or Area 4-2331

Previous Volunteer experience Red Feather Agencies N.Y. State  
Assistance in teaching Christian Doctrine  
Public Health Agencies - Home visits  
S.S. of Holy Family - R.P.T.

Volunteer Preference:

- (1) Service in Hospital: R.N.; Orthopedics, Conditions, Neuro-Muscular  
dearthlings adults or Children
- Flowers \_\_\_\_\_ Geriatrics or X
- Gift Shop \_\_\_\_\_ Central Supply \_\_\_\_\_
- Library \_\_\_\_\_ Business Office \_\_\_\_\_
- Dietary Dept. \_\_\_\_\_ Children's Ward X
- Switchboard \_\_\_\_\_

Miscellaneous ✓

(2) Homework:

- Nursery & Pediatric Mending ✓
- Special decorations \_\_\_\_\_
- Telephone Committee ✓

Do you drive a car? yes

Do you type? Some

Special interests Nursing or Physical Therapy, Card, Switchboard etc.

Date of last chest plate 9/58

Comments at Lousiana Clinic, Cal.

Interviewed by Ruth Portray  
Sponsored by Ray Haefler

Date of Interview March 16, 1960  
Assigned to \_\_\_\_\_

Signature of Member \_\_\_\_\_