

ROSE DE LIMA HOSPITAL AUXILIARY

ACTIVE

ASSOCIATE

Name Marcia Kalish Husband's Name _____

Address 2740 E Owens Ave Husband's Occupation _____

Telephone Number Ph 2-3814 No. of Children & Ages _____

Previous Volunteer experience _____

Volunteer Preference:

(1) Service in Hospital:

- | | |
|---|---------------------------------|
| Obstetrics, 2nd floor <input checked="" type="checkbox"/> | 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 _____ | _____ |

(2) Homework:

- | |
|---|
| Nursery & Pediatric Mending _____ |
| Special decorations <input checked="" type="checkbox"/> _____ |
| Telephone Committee _____ |

Do you drive a car? yes Will you take other workers? yes
Do you type yes
Special interests _____

Date of last chest plate _____
Comments _____

Date voted in October, 1960 Date of Orientation 10-15-61
Sponsored by Mrs S. Kalish Assigned to _____

Marcia Kalish
Signature of Member

Sept 21, 1960

ROSE DE LIMA HOSPITAL AUXILIARY

Name Victoria Kalish Husbands Name Louis Kalish
 Address 2740 E. Owens Husband's Occupation Bookman (Cassio)
 Telephone Number Mu 2-3814 No. of Children & Ages (4) 19-13-8-3
 Previous Volunteer experience _____

Volunteer Preferences:

(1) Service in Hospital:

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

Miscellaneous None

(2) Homework:

Nursery & Pediatric Mending _____
 Special decorations _____
 Telephone Committee _____

Do you drive a car? yes
 Do you type? yes
 Special interests _____

Date of last chest plate _____
 Comments _____

Interviewed by _____ Date of Interview _____
 Sponsered by Jesuit Talario Assigned to _____

Victoria S. Kalish
 Signature of Member

ROSE DE LIMA HOSPITAL AUXILIARY

Name Marian S. Kule Husband's Name Ralph
Address 1437 Winger St Husband's Occupation Chief dispatcher
Telephone Number Da-4-3862 No. of Children and Ages 3-23, 11, 4, 7
Previous Volunteer experience _____

Volunteer preference:

(1) Service in Hospital:

Flowers Geriatrics 3:30 - 5:30
Mail _____ Central Supply _____
Library _____ Business Office _____
Dietary Dept. 7-7-9 Children's ward 3:30 - 5:30
Switchboard _____

Miscellaneous time-keeper-recording monthly hours for auxiliary

(2) Homework:

Nursery & Pediatric mending: _____
Special decorations: _____
Telephone committee _____
Cookie Donations for meetings _____

Do you drive a car? yes

Do you type? no

Special interests: Public relations - pediatrics

Special skills: _____

Date of last chest plate 1954

Comments _____

Interviewed by: _____

Date of interview: _____

Assigned to _____

Marian S. Kule
Signature of Member

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Dues Pd
57
L.O.G. 58

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

4-1-59 12-9-30

ROSE DE LIMA HOSPITAL AUXILIARY

Name KENNY, JOAN M. Husbands Name MICHAEL J.

Address ~~2414 Bangle Place~~
~~1450 Cottonwood Lane~~ Husband's Occupation BAR MGR.

Telephone Number DU-2-5668 No. of Children & Ages (1) 9 YRS.

Previous Volunteer experience 1 YR - HALLORAN GENL. Hospital
N.Y.C. - N.Y. -

Volunteer Preference:

(1) Service in Hospital:

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

Miscellaneous _____

(2) Homework:

Nursery & Pediatric Mending _____

Special decorations _____

Telephone Committee _____

Do you drive a car? Yes

Do you type? No

Special interests _____

Date of last chest plate 1954

Comments _____

Interviewed by _____ Date of Interview _____

Sponsored by Marie J... Assigned to _____

Joan M. Kenny
Signature of Member

Please return to South Parkway - 617 S. 10th St. Las Vegas Nev.

(9-60)

TEENS UNIT

ROSE de LIMA HOSPITAL AUXILIARY

Name HAZEL Keyes Husband's Name Thomas F. Keyes
 Address RT I Bldg 295-A Husband's Occupation M.D.
 Telephone Number (3967 RAYMET) DU 4-5548 No. of Children & Ages 2 Years 3 mo + 9 m.
 Previous Volunteer experience none -

Volunteer Preferences:

(1) Service in Hospital:

Flowers	_____	Geriatrics	_____
Mail	_____	Central Supply	_____
Library	_____	Business Office	_____
Dietary Dept.	_____	Children's Ward	_____
Switchboard	_____		
Miscellaneous	<u>Gloves in OR -</u> <u>or other duties</u>		

(2) Homework:

Nursery & Pediatric mending _____
 Special decorations _____
 Telephone committee _____

Do you drive a car? yes
 Do you type yes
 Special interests _____

Special skills _____

Date of last chest plate July '59
 Comments OK

Hazel Keyes
 Signature of Member

Interviewed by _____
 Date of interview _____
 Sponsored by _____
 Assigned to _____

ROSE DE LIMA HOSPITAL AUXILIARY

ACTIVE _____

ASSOCIATE _____

Name Judith Ann & Lynn Husband's Name none

Address 2476 N. Vermont Husband's Occupation _____

Telephone Number 04 25396 No. of Children & Ages _____

Previous Volunteer experience none

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 <u>X</u>
Out-Patient _____	Laboratory _____
Miscellaneous _____	Surgery, 3rd floor _____

(2) Homework:

Nursery & Pediatric Mending _____	<u>X</u>
Special decorations _____	
Telephone Committee _____	<u>X</u>

Do you drive a car? yes Will you take other workers? yes

Do you type yes (a little) Special interests have my own typewriter

Date of last chest plate _____

Comments _____

Date voted in Oct 1960

Sponsored by Mrs Louis Kalich

Date of Orientation 1-13-61

Assigned to Children's Ward

Judith Ann & Lynn
Signature of Member

ROSE DE LIMA HOSPITAL AUXILIARY

Name Tina Krausnick Husbands Name Barrie
Address 444 Desert Inn Rd #1 Husband's Occupation Owner Executive Desert Inn
Telephone Number DW 2-6000 No. of Children & Ages none
Previous Volunteer experience None

Volunteer Preference:

(1) Service in Hospital:
Flowers _____ Geriatrics _____
Gift Shop _____ Central Supply _____
Library _____ Business Office _____
Dietary Dept. _____ Children's Ward _____
Switchboard _____
Miscellaneous 7 floor

(2) Homework: yes
Nursery & Pediatric Mending _____
Special decorations _____
Telephone Committee _____

Do you drive a car? yes
Do you type? no
Special interests _____
Date of last chest plate 2 years
Comments _____

Interviewed by Ruth Date of Interview June 15-1960
Sponsored by Florence Wood comery Assigned to _____

Tina Krausnick
Signature of Member