

ROSE-DE LIMA HOSPITAL AUXILIARY

ACTIVE MEMBER ASSOCIATE

NAME Linda Odell

HUSBAND'S NAME _____

ADDRESS 122 Beech

HUSBAND'S OCCUPATION _____

TELEPHONE NO. 565-8119

No. of Children & Ages _____

PREVIOUS VOLUNTEER EXPERIENCE _____

Volunteer Preference:

(1) Service in Hospital:

- Obstetrics, 2nd floor _____
- ~~Gift Shop~~ _____
- Dietary Dept. _____
- Business Office _____
- Laboratory _____
- Out-patient _____
- X-Ray 3rd _____
- Miscellaneous _____

- Recovery Room _____
- Medical, 1st floor 2nd _____
- Central Supply, 3rd floor _____
- Children's Ward 1st _____
- Surgery, 3rd floor _____
- Coffee Shop _____
- N.P. Division _____

(2) Homework:

- Nursery & Pediatric Mending _____
- Special decorations _____
- Telephone Squad _____

- Hospital Sewing X _____
- Gift Bar Sewing _____
- Central Supply _____

Do you drive a car? No

Will you take other workers? No

Do you type? No

Special interests _____

Date of last chest plate _____

Comments _____

Date voted in _____

Date of Orientation _____

Sponsored by _____

Assigned to _____

Linda Odell
Signature of Member