



AUXILIARY TO THE PENTICTON REGIONAL HOSPITAL MEMBERSHIP ENROLLMENT FORM - 2022

Getting to know you:

Name: _____

Address: _____

Telephone #: _____ Cell Phone Number: _____

Which number do you prefer for contact.

E mail Address: _____

Date of Birth (MM/DD/YYYY): _____

Your Storey:

How did you find out about the Auxiliary?

Have you volunteered in the past? (Where and what roles did you fill?)

Tell us about you: (employment, retired, family, where do you hail from)

What can you bring to the Auxiliary?

What time commitment can you make?

What skills/talents would you bring to the Auxiliary? (Finance, computer, fundraising, organizational)

Would you be interested in taking on a more involved roll? (ie committees, executive)

For existing members:

Did you belong to the Junior or Afternoon Auxiliary?: _____

Best guess of when you joined (MM/YYYY): _____

Positions held on the Executive: _____

Would you be interested to help put together a history of the Auxiliary: _____