

BRANDON HOSPITAL AUXILIARY, INC. MEMBERSHIP APPLICATION

An interview, criminal background check, and an orientation class are compulsory.

Full name: _____ Name of Spouse _____

Address: _____ City: _____ Zip: _____

Summer Address (if different): _____

Telephone: _____ Cell: _____ Date of Birth: _____

Marital Status: Married__ Single__ Widowed__ Divorced__ Number of minor children _____

Employed__ (if so, occupation)_____ Unemployed__ Retired__ (if so, former occupation)_____

Membership in Other Organizations: _____ Offices Held: _____

Specialized Training: _____ Personal Interests: _____

Each applicant should be sponsored by an Auxiliary member and/or furnish two character references.

Sponsor: _____ Address: _____ Phone: _____

Reference: _____ Address: _____ Phone: _____

Reference: _____ Address: _____ Phone: _____

After acceptance by the Membership Committee, the applicant must serve a provisional period of 30 hours within 3 months, the service to be designated by the Coordinator of the Auxiliary. Active members are required to serve a minimum of 60 hours per year.

We do not accept community service, hospital pre-employment, or student prerequisite applicants.

SIGNATURE OF APPLICANT _____ DATE _____

Please return to the Information Desk or mail to:

Brandon Hospital Auxiliary
Brandon Regional Hospital
119 Oakfield Drive
Brandon FL 33511

(to be completed by coordinator)
INTERVIEW DATE _____
ORIENTATION DATE _____
SERVICE _____