

Application for Membership
Jackson General Hospital Auxiliary

Name: _____
(Please Print)

Address: _____

City: _____ State: _____ Zip: _____

Please place a mark beside all areas below where you would be interested in volunteering:

Surgery Waiting Room _____ Emergency Room _____ Front Desk _____
Gift Shop _____ Shredding _____

Do you know someone who is a member of the Auxiliary? Yes _____ No _____
If yes, who? _____

Do you know someone who is employed by JGH? Yes _____ No _____
If yes, who? _____

What days would you be able to volunteer? Please place the available hours beside each day:

Monday _____
Tuesday _____
Wednesday _____
Thursday _____
Friday _____
Saturday _____
Sunday _____

Why do you want to join the Auxiliary?

Signature _____ Date _____

Please return to Jackson General Hospital, PO Box 122 Ripley, WV 25271 ATTN: HR

Or, in person at 122 Pinnell Street Ripley, WV *Thank you for wanting to volunteer your time.* 😊