

PRINCETON HOSPITAL AUXILIARY SOCIETY
NEW MEMBER APPLICATION FORM

NAME: _____

MAILING ADDRESS: _____

PHYSICAL ADDRESS: _____

PHONE NUMBER: _____

New members bring new ideas. We welcome your ideas and enthusiasm. Please fill in the following questionnaire so that we will know your interests, abilities, and time available.

DO YOU ENJOY: MEETING THE PUBLIC: _____
WRITING NEWSPAPER ITEMS: _____
FUND RAISING: _____
SEWING: _____
SORTING CLOTHES: _____
PHONING: _____
POSTER MAKING: _____
COMPUTER EXPERIENCE: _____
CRAFTS: _____
BOOKKEEPING: _____

Would you like to volunteer to work in the Thrift Shop? YES _____ NO _____

What days are most convenient for you? MON: _____ TUES: _____ WED: _____

THURS: _____ FRI: _____ SAT: _____

Number of hours available. 1HR. _____ 2HRS. _____ 3HRS. _____ 4HRS. _____

Do you prefer. AM. _____ or PM. _____

Have you had any experience working with the public? YES: _____ NO: _____

If yes, in what way? _____

Why do you want to work for the Hospital Auxiliary? _____
