

PLUMAS DISTRICT HOSPITAL VOLUNTEERS

P.O. BOX 651, Quincy Ca 95971

**APPLICATION FOR MEMBERSHIP
AND UPDATE OF CURRENT MEMBER INFORMATION**

DATE OF APPLICATION _____

Name _____
Last First Initial

Mailing Address _____
Town

Street Address _____

Telephone: Home _____ Work _____ Town cell phone _____
e-mail _____

Birthday: Month _____ Day _____ Working hours _____

In what areas of our volunteer work are you interested in participating:
(please check all areas of interest)

_____ Active Member _____ Supporting Member

- _____ Officer
- _____ Publicity
- _____ Bargain Boutique Volunteer
- _____ Special clinics (Health Fair, Blood Bank)
- _____ Committees:
- _____ Scholarship
- _____ Baking for special projects
- _____ Decorations for monthly luncheon
- _____ Bargain Boutique Volunteer Calendar for a month
- _____ Volunteer in a hospital department

Do you speak a foreign language ___Yes ___ No
If yes, which languages(s)? _____

Are you computer literate ___Yes ___ No

Annual dues are \$7.00, payable in September

Sponsoring Member _____
Signature Date

Board Member _____
Signature Date

Date received by Treasurer _____

Amount Received _____

Board Approved Date _____

Please return completed form to Inge Stone with check for dues at the Bargain Boutique, 293 Lawrence St, Quincy.