

# 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 \_\_\_\_\_  
Town

Telephone: Home \_\_\_\_\_ Work \_\_\_\_\_ 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)

- Officer  Publicity  Thrift Shop worker  
 Special clinics (flu shots, health fair, breast cancer)  
 Committees:  Scholarship  
 Baking goodies and/or special projects  
 Decorations

Do you speak a foreign language  Yes  No  
If yes, which languages(s)? \_\_\_\_\_

Are you computer literate  Yes  No

Yearly dues are \$7.00, payable September and October. An optional additional amount of \$3.00 may be included for the Scholarship Fund.

Sponsored by \_\_\_\_\_

Sponsoring Board Member \_\_\_\_\_

Date received by Treasurer \_\_\_\_\_

Amount Received \_\_\_\_\_

Please return completed form to Mary Edwards with check for dues.