



**ST. JOSEPH'S HOSPITAL AUXILIARY**  
**12866 Troxler Avenue**  
**Highland, Illinois 62249**  
**APPLICATION FORM**

Name: \_\_\_\_\_ Spouse's Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Phone Tree: Yes  No  Email: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Membership:  \$10yearly membership – **Payment must be included with the application!**

Work/Volunteer Experience: \_\_\_\_\_

Hobbies, Skills, Special Interests: \_\_\_\_\_

Work Days Preferred: \_\_\_\_\_ Morning  Afternoon  Evening

Volunteer Duties Preferred: \_\_\_\_\_

Gift Shop 9:00-12:00  12:00-3:00

Messenger Mornings  Greeter: MOB/Main Lobby  Clerical

Monday-Friday – Any day, time is flexible

Comments: \_\_\_\_\_

In Case of Emergency, Please Notify: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Coordinator Signature: \_\_\_\_\_

**Please return application with a check payable to St. Joseph's Hospital Auxiliary.**  
**St. Joseph's Hospital, 12866 Troxler Ave., Highland, IL 62249**  
**Attn. Auxiliary Coordinator/Jan Korte-Couch**  
**Questions? Call 651-2593**