

Margaret R. Pardee Auxiliary  
Membership Record & Required Information

[Please print clearly]

[For office use: Service area assigned \_\_\_\_\_]

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Mr. \_\_\_\_\_ Mrs. \_\_\_\_\_ Ms. \_\_\_\_\_ Title \_\_\_\_\_

The following is my only address yes \_\_\_\_\_ no \_\_\_\_\_

During the months of \_\_\_\_\_, I reside at

Address #1 \_\_\_\_\_

City \_\_\_\_\_, State \_\_\_\_\_, Zip \_\_\_\_\_

Area Code \_\_\_\_\_ Phone Number \_\_\_\_\_ Cell Number \_\_\_\_\_

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During the months of \_\_\_\_\_, I reside at

Address #2 \_\_\_\_\_

City \_\_\_\_\_, State \_\_\_\_\_, Zip \_\_\_\_\_

Area Code \_\_\_\_\_ Phone Number \_\_\_\_\_ Cell Number \_\_\_\_\_

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Email Address (please print) \_\_\_\_\_

If you use email, do you want to receive the Auxiliary Newsletter that way? Yes \_\_\_\_\_ No \_\_\_\_\_

Month/Day of Birth [year not needed] \_\_\_\_\_ Date Joining Auxiliary \_\_\_\_\_

Emergency Contact Information:

Name \_\_\_\_\_

Phone Number \_\_\_\_\_

Relationship \_\_\_\_\_

A **TB Test** needs to be done prior to volunteering and yearly thereafter. This is a free test provided by the hospital in compliance with the accreditation requirements. Appointments may be made at Pardee Urgent Care, Four Seasons Blvd. Hours: Mon, - Sat. 8 am – 7 pm, Sun. 9 am – 5 pm. Telephone: 697-3232. You will need to return 2 to 3 days after your test to have your test results read and recorded. If you cannot take the TB lab test, you will need to have a consultation with the Employee Health Services at Pardee Urgent Care, and they will determine your TB status. If a chest X-Ray is required, it will be at no cost as well.

(Continued on back)

Special skills: Computer \_\_\_\_\_ Sewing/Craft \_\_\_\_\_ Mechanical \_\_\_\_\_ Financial \_\_\_\_\_ Retail Sales \_\_\_\_\_

Communication Skills \_\_\_\_\_ Previous leadership experience \_\_\_\_\_

Previous Volunteer Experience \_\_\_\_\_

Hobbies and other Interests \_\_\_\_\_

**REQUIREMENTS FOR BACKGROUND CHECK**

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Have you ever been convicted of or pled guilty to an offense other than a minor traffic violation?

Yes \_\_\_\_\_ No \_\_\_\_\_

Please complete the **AUTHORIZATION AND RELEASE FORM**

Return both the **Membership Record & Required Information and Authorization and Release Forms to:**

**Pardee Hospital Auxiliary  
800 N. Justice Street Box 2  
Hendersonville, N.C. 28791**

**Phone 828-698-7187 with any questions**