

# Mammoth Hospital Auxiliary Membership Application 2019-2020



3059 Chateau Road, PO Box 1399, Mammoth Lakes, CA 93546, 760-934-4303

Please complete both sides, sign, date & attach dues. Membership is from July 1 through June 30

Renew       New: Application given by member \_\_\_\_\_ Date \_\_\_\_\_

Name _____		Birthday (Mo/Day) _____		Spouse _____	
Mailing Address _____			Physical Address _____		
City/State/Zip _____		Home Phone _____		Cell Phone _____	
Email _____			I would like to receive the newsletter by email: <input type="checkbox"/> Yes <input type="checkbox"/> No		
2 <sup>nd</sup> Home Address _____		City/State/Zip _____		Phone _____	
Emergency Contact(s):		Name _____		Phone _____	
		Name _____		Phone _____	
_____		_____		_____	
Member/Applicant Signature		Date		Junior Volunteer Sponsor Signature	
				Date	

Please select a category of membership:

**Volunteer** (volunteers time)

- General Member      \$15
- Jr. Vol. (under 18)
- Scholarship Applicant
- Hospital Employee
- Community Volunteer

**Donor** (gives financial support)

- Sponsor                \$ 25
- Friend                 \$ 50
- Patron                 \$ 100
- Benefactor           \$ 500
- Lifetime               \$1,000

**Other**

- Supportive      \$10  
(spouses, relatives, non-resident)
- Honorary
- Lifetime

Please check areas where you would like to volunteer time:

- |   |  |   |   |
|---|--|---|---|
| <input type="checkbox"/> Antiques         | <input type="checkbox"/> Electronics Testing   | <input type="checkbox"/> Membership           | <input type="checkbox"/> Scholarship Committee                            |
| <input type="checkbox"/> Blood Drive      | <input type="checkbox"/> Health Fairs/Seminars | <input type="checkbox"/> Membership Database  | <input type="checkbox"/> Sewing Group                                     |
| <input type="checkbox"/> Book Sorting     | <input type="checkbox"/> Historian             | <input type="checkbox"/> Newsletter           | <input type="checkbox"/> Sunshine (get well cards, thank you cards, etc.) |
| <input type="checkbox"/> Cast Off Cashier | <input type="checkbox"/> Hospital Service      | <input type="checkbox"/> Nominating Committee | <input type="checkbox"/> Telephone Committee                              |
| <input type="checkbox"/> Cast Off Worker  | <input type="checkbox"/> Hours Reporting       | <input type="checkbox"/> Officer              | <input type="checkbox"/> No volunteering but support financially          |
| <input type="checkbox"/> Doll Repair      | <input type="checkbox"/> Jewelry               | <input type="checkbox"/> Publicity            |   |

Would you be willing to provide transportation for patients or families of patients?     Yes     No     Maybe

Would you be willing to take a patient's family into your home?     Yes     No     Maybe

Languages other than English \_\_\_\_\_

**NEW MEMBERS PLEASE COMPLETE THE FOLLOWING:**

How did you hear about the Auxiliary? \_\_\_\_\_ Referred or sponsored by \_\_\_\_\_

Why are you interested in joining the Auxiliary? \_\_\_\_\_

What type of work have you done in the past? \_\_\_\_\_

Have you ever done volunteer work?     Yes     No      Currently employed?     Yes     No      Full time or Part Time?

Hours & days available to volunteer \_\_\_\_\_

Please list any physical limitations that might affect your ability as a volunteer \_\_\_\_\_

Do you have any prior criminal convictions or offenses?     Yes     No      If yes, please give description(s) and date(s)

\_\_\_\_\_

Personal and/or Business Reference(s) – Name, Relationship, Phone \_\_\_\_\_

Other interests, hobbies, talents \_\_\_\_\_

**ALL MEMBERS, NEW AND RENEWING, PLEASE READ AND SIGN THE FOLLOWING:**

**Due to tax laws regarding 501 (c)(3) organizations, the IRS asks that nonprofits have a written Whistleblower Policy. All members and applicants are asked to read and sign that they understand the following policy.**

**A. General:** Mammoth Hospital Auxiliary (MHA) requires all members to observe high standards of business and personal ethics in the conduct of their duties and responsibilities. As members and representatives of MHA, we must practice honesty and integrity in fulfilling our responsibilities and comply with all applicable laws and regulations. The support of all members is necessary in achieving this goal. This policy is intended to encourage and enable members to raise serious concerns within MHA, without fear of retaliation.

**B. Reporting Responsibility:** If any member reasonably believes that some policy, practice, or activity of MHA, or of another individual or entity with whom MHA has a business relationship, is in violation of our regulations or law, it is the member's responsibility to file a written complaint with the Board.

**C. No Retaliation:** No member who in good faith reports a violation to the MHA Board shall suffer harassment, retaliation or adverse consequence. A member who retaliates against someone who has reported a violation is subject to discipline by the Board up to and including termination of membership.

**D. Reporting Procedure:** MHA has an open door policy and suggests that members initially share their questions, concerns, suggestions or complaints with someone who can address them properly. In most cases for Cast Off volunteers this is the Day Chairman. However, if you are not comfortable speaking with the Day Chairman or you are not satisfied with their response, you should file a written complaint with the Board and allow a reasonable opportunity for them to investigate and take appropriate action.

**E. Board Responsibility:** The MHA Board is responsible for investigating and resolving all reported complaints and allegations concerning violations. The Board will notify the sender and acknowledge receipt of the reported violation or suspected violation within five business days. All reports will be promptly investigated and appropriate correction action will be taken if warranted by the investigation.

**F. Acting in Good Faith:** Anyone filing a complaint must be acting in good faith and have reasonable grounds for believing the information disclosed indicates a violation. Any allegations that prove not to be substantiated, and which prove to have been made maliciously or knowingly to be false, will be viewed as a serious disciplinary offense.

**G. Confidentiality:** Violations or suspected violations may be submitted on a confidential basis by the complainant or may be submitted anonymously. Reports of violations or suspected violations will be kept confidential to the extent possible, consistent with the need to conduct an adequate investigation.

**H. Member Certification:** My signature below indicates my understanding of this policy.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Office Use: Interviewed/Oriented by \_\_\_\_\_ Date \_\_\_\_\_  
Date Dues Recd \_\_\_\_\_ Cash Amt \_\_\_\_\_ Check Amt \_\_\_\_\_ By \_\_\_\_\_  
Date in Database \_\_\_\_\_ By \_\_\_\_\_

Comments: