



Instructions:
You can print the application and fill out and send to the address below or click on a field to begin filling the form out online. When complete, click Submit to send the file via email.

Auxiliary Application

Name: _____

Spouse's Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Birthdate: _____

- Single
- Married
- Widowed
- Other

Please check days and times usually available:

- Sunday
- Monday
- Tuesday
- Wednesday
- Thursday
- Friday
- Saturday

- Mornings
- Afternoons
- Evenings

In case of Emergency, please notify:

Name: _____ Phone: _____

Applicant's Signature: _____ Date: _____

Please return completed application to: St. Anthony's Memorial Hospital
Community Relations Department
503 North Maple
Effingham, IL 62401

For Office Use Only

Orientatin/Tour Date: _____

Orientative Given By: _____

Uniform Size: _____ Amt Pd \$ _____

SAMH Orientation: _____

Other Comments: _____

Copies of application to:

_____ President

_____ Membership Recording Coordiantor

_____ Community Relations Dept.

_____ Human Resources Dept.