

**The Woman's Auxiliary of Piedmont Hospital**

**Volunteer Application**

1968 Peachtree Road, Northwest  
Atlanta, Georgia 30309

Phone 404-605-3273

FAX 404-355-3608

Ms. Miss Mrs. Name \_\_\_\_\_ Spouse's Name \_\_\_\_\_

Age Group    21-30 \_\_\_\_\_    30-45 \_\_\_\_\_    45-60 \_\_\_\_\_    60-& Over \_\_\_\_\_

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

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

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Mobile-FAX Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

School or College \_\_\_\_\_ Degree \_\_\_\_\_

Current Occupation \_\_\_\_\_

Please Indicate Your Preference

\_\_\_\_\_ Day Volunteer \_\_\_\_\_ Evening Volunteer \_\_\_\_\_ Week-end Volunteer

Please List Any Relevant Volunteer or Work Experience \_\_\_\_\_

List any Skills, Interest, Hobbies or Education which may be beneficial to the Auxiliary

\_\_\_\_\_

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