

# Burgess Auxiliary Membership and Volunteer Form

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Today's Date: \_\_\_\_\_ Date Available: \_\_\_\_\_

I would like to volunteer in the following areas (check all that apply):

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Ventures Art & Craft Show

Act II

Gift Shop

Supply Baked Goods for Special Events

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Blood Bank

Hospice

Lobby Greeters Desk

Surgery Volunteer Desk

**Yearly Membership\*:** \$5.00

**Life Membership\*:** \$50.00

Return this form (with payment – memberships only) to one of the following locations:

- Burgess Auxiliary, 1600 Diamond, Onawa IA 51040
- Act II in Downtown Onawa
- Burgess Hospital Lobby Desk
- Complete the Word version, save it to your computer, and then email it as an attachment to:

[jpekarek@burgesshc.org](mailto:jpekarek@burgesshc.org)

*\* Auxiliary membership is **not** required to volunteer for Burgess. If you have any questions about possible volunteer service please call 423-9201.*