



Volunteer Membership Form

**Please return this completed form (front and back) with dues by October 31.
See return address on back.**

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Snowbirds: Please include your winter residency information for scheduling and mailing purposes.

Date leave: _____ Date Return: _____

Address: _____ City: _____ State: _____ Zip: _____

2018 Dues: Mark the appropriate membership category.

_____ General - \$15 _____ Life Member - \$200 _____ Current Life Member

Dues are for January 1 through December 31. Checks can be made payable to FGH Auxiliary.

Paid membership entitles you to receive our annual yearbook, quarterly newsletters, Lobby Shoppe discount and Franklin Wellness Center discount.

Share your talents: Please continue on to the back of this form to select the areas in which you wish to share your talents. Many workers make light work!



FGH Auxiliary Mission

To promote the welfare and reputation of Franklin General Hospital in all ways deemed necessary and subject to the approval of the Hospital Board of Trustees and their CEO.

Name: _____ Phone: _____

Please place an "X" on items with which you would like to help.

Administrative

- _____ Screen student scholarship applications (March)
- _____ Attend Legislative Day (IHA–Des Moines, Feb)
- _____ Write newsletter articles
- _____ Assist with computer

Blood Drive

- _____ Serve refreshments (once a year)
- _____ Distribute posters

Hospital Week (May)

- _____ Serve ice cream sundaes to employees

Hospital Campus

- _____ Distribute & arrange magazines
- _____ Apply labels to magazines
- _____ Sew mammography capes
- _____ Spruce up
 - _____ Spring
 - _____ Fall
- _____ Gardening, planting, and maintenance
- _____ Seasonal decorating – outside gardens
- _____ Seasonal decorating – lobby

Franklin Country View Nursing Facility

- _____ Bake cakes & serve at monthly birthday party
- _____ Pianist
- _____ Vocalist
- _____ Mending
- _____ Greeting card club
- _____ Special events activity

Nominating Committee

- _____ Recruit new Auxiliary Board Members

Fundraising

- _____ Play in 500 marathons
- _____ Play in bridge marathon
- _____ Bake goods for special occasions
- _____ Greimann Bros. Train at Franklin County Fair

Tree of Hope (October – January)

- _____ Distribute forms/collect money
- _____ Light maintenance

Quilt Show

- _____ Help organize
- _____ Contact quilting vendors
- _____ Distribute posters
- _____ Register quilts
- _____ Set-up/hang quilts
- _____ Bake goods for refreshment stand
- _____ Sell tickets day of
- _____ Work in boutique
- _____ Work refreshment stand
- _____ Greet attendees/answer questions
- _____ Tear down

Lobby Shoppe

- _____ Work in Shoppe weekdays AM
- _____ Work in Shoppe weekdays PM
- _____ Substitute in Lobby Shoppe
- _____ Interested in working more than a ½ day
- _____ Tag merchandise
- _____ Arrange & change displays
- _____ Go to market
- _____ Launder aprons
- _____ Embroider towels
- _____ Make dishcloths
- _____ Make scrubbies
- _____ Help with special sales events

Please return this completed form, along with dues, by **October 31** to:

Kim Winchester
2341 Callaway Ct.
Mason City, IA 50401