



HSHS
St. Anthony's
Memorial Hospital

HSHS St. Anthony's Memorial Hospital Auxiliary Application

First Name: _____ Middle Initial: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Preferred Phone: _____ Email: _____

Sex: _____ Female _____ Male Date of Birth: _____

Soc. Sec. Number (This is for the required background check): _____

Emergency Contact:

Name: _____ Phone: _____

Availability (Please circle all that apply):

Sunday Monday Tuesday Wednesday Thursday Friday Saturday
 Mornings Afternoons Evenings

Special notes/comments: _____

 Applicant Signature

 Date

Please return completed application to:
 HSHS St. Anthony's Memorial Hospital
 Human Resources Department
 503 N. Maple Street
 Effingham, IL 62401