

Greetings!

Thank you for inquiring about membership in The Woman's Auxiliary of Piedmont Atlanta Hospital. Our volunteer program was organized in 1957 as a volunteer service to Piedmont Hospital. Our "Pink Ladies" volunteer in many vital areas of the Hospital and such service requires a deep sense of commitment and responsibility.

Active members of The Woman's Auxiliary must be twenty-one years of age, provide proof they are vaccinated against COVID, and pay annual dues of \$40.00. For senior members 65 years of age and older, the dues are \$30.00. Volunteers are required to wear a "Pink Lady" smock when they are volunteering in the Hospital. These can be purchased through the Auxiliary Office at a cost of \$30.00.

New members are invited to attend an orientation session as an introduction to the organization and to the Hospital. At this orientation meeting, it is customary to pay the dues, have or schedule a Tuberculosis Test, purchase a smock and take a tour of the Hospital.

In addition to free parking, all members receive invitations to several social functions during the year, major ones being a luncheon in the fall and a cocktail party in the spring. This is a wonderful way to met new people and form new friendships.

We are delighted you are interested in becoming a volunteer here. Please complete the application and submit it to the Auxiliary Office. You are welcome to email it to Jennifer.Akin@piedmont.org or mail it back to us at:

The Woman's Auxiliary
c/o Jennifer Akin
1968 Peachtree Road, NW
Atlanta, Georgia 30309

Sincerely,

Suzette Brading
Volunteer Chairman

Debbie Farmer
Volunteer Co-Chairman

**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 _____