



134 Homer Avenue P.O. Box 2010 Cortland, New York 13045-0960

HOSPITAL AID APPLICATION

(please print)

Name: _____
(last name) (first name) (middle initial)

Address: _____
(street) (city) (state) (zip code)

E-mail: _____

Employer: _____ Phone#: _____

Occupation: _____ Birthday: _____

Have you been referred by a current member? Y/N By whom: _____

EMERGENCY NAME: _____ PHONE# _____

REFERENCE (S): (please list name, address, phone # and relationship to you)

Family members cannot be used as references

1) _____ 2) _____

I certify that all information given on this application is true in all respects. I hereby give permission for the Hospital Aid to contact the references I have listed.

Signature of Applicant _____