



**New Volunteer Adult Auxiliary Membership Application**  
**(Please Print Clearly)**

FIRST NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ZIP \_\_\_\_\_ HOME PHONE \_\_\_\_\_

CELL PHONE \_\_\_\_\_ E-MAIL \_\_\_\_\_

Limited background check is required at no cost to you!

**NOTE: WE DO NOT ACCEPT VOLUNTEERS WHO ARE WORKING OFF COMMUNITY SERVICE – Volunteers must commit to six (6) months of service and must be 18 years or older**

Have you had a TB (PPD) test or chest x-ray within the last 12 months?

\_\_\_\_\_ YES \_\_\_\_\_ NO If yes, where? \_\_\_\_\_ Date \_\_\_\_\_

Have you had a Flu shot within the last 12 months?

\_\_\_\_\_ YES \_\_\_\_\_ NO If yes, where? \_\_\_\_\_ Date \_\_\_\_\_

Do you have any physical limitations? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what physical limitations do you have? \_\_\_\_\_

What is your comfort level using a computer? Don't Use \_\_\_\_\_ Limited \_\_\_\_\_ Good \_\_\_\_\_ High \_\_\_\_\_

Please check the days and times, you are available and number in order of preference. (Note: We will attempt to place you on your preferred days and times).

Morning \_\_\_\_\_ Afternoon \_\_\_\_\_ Evening \_\_\_\_\_ Weekend \_\_\_\_\_

Sun. \_\_\_\_\_ Mon. \_\_\_\_\_ Tues. \_\_\_\_\_ Wed. \_\_\_\_\_ Thurs. \_\_\_\_\_ Fri. \_\_\_\_\_ Sat. \_\_\_\_\_

Please check all the areas in which you are interested in volunteering and number your top three preferences (1, 2, 3). **NOTE:** Some of these areas are not initially available to Student volunteers:

**Livermore**

Ambassador \_\_\_\_\_

Ambulatory Surgery \_\_\_\_\_

Office \_\_\_\_\_

Urgent Care \_\_\_\_\_

**Pleasanton**

Ambassador \_\_\_\_\_

Cancer Center \_\_\_\_\_

Emergency Room \_\_\_\_\_

Floor Service \_\_\_\_\_

Gift Shop \_\_\_\_\_

Health Library \_\_\_\_\_

Info & Reception Desk \_\_\_\_\_

Surgical Center \_\_\_\_\_

**Dublin**

Greeter \_\_\_\_\_

Urgent Care \_\_\_\_\_

Where/how, did you learn about the Stanford Health Care - ValleyCare Auxiliary?

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Are you a student \_\_\_\_\_ YES \_\_\_\_\_ NO If yes, where? \_\_\_\_\_

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**Requirements:**

- Five dollar annual dues—cash or check only - dues are non-refundable
- One uniform will be furnished - no cost to you
- Limited background check - no cost to you
- Two PPD (TB) tests and a limited health exam - no cost to you
- Yearly flu shot - no cost to you

Check here if you need more information prior to attending orientation.

**As a volunteer of the hospital, I will conduct myself with dignity, courtesy, consideration, and be conscientious in the fulfillment of my duties. I will consider as confidential all information, which I may hear within the hospital regarding patients or personnel. I will endeavor to make my work the highest quality and to uphold the tradition and standards of Stanford Health Care -ValleyCare.**

**I am willing to commit to at least six (6) months of service:**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please mail the above application and your completed background check form to:

Membership Director

Stanford Health Care -ValleyCare Auxiliary Office

1111 E. Stanley Blvd.

Livermore, CA 94550