



**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, please explain: \_\_\_\_\_

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

Please check the days and times, you are available to volunteer 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).

**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**

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

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

\_\_\_\_\_  
\_\_\_\_\_

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

**Requirements:**

- 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
- Yearly reorientation
- Black pants, white shirt and closed toed shoes
- A uniform will be furnished when you become an active member - no cost to you

Check here if you need more information prior to attending an information meeting.

**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 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