Volunteer Adult Auxiliary Membership Application - 2019
(Please Print Clearly)

LAST NAME _____FIRST 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

Adult Volunteers must be 18 or older, commit to six (6) months of service and 100 hours.

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_____

Urgent Care _____

Dublin

Urgent Care_____

Pleasanton

Ambassador _____

Cancer Center_____

Emergency Room_____

Gift Shop_____

Resource Center _____

Info & Reception Desk/Floor _____

Surgical Center _____

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 top will be furnished when you complete onboarding requirements - no cost to you

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 time 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 email the above application and your completed background check form to:

Gwen Matsu
Membership Director
gmatsu@sbcglobal.net