



Valley Regional Medical Center

NAME OF APPLICANT

DATE OF APPLICATION

LIST TWO REFERENCES (TEACHERS/SUPERVISORS) THAT WE MAY CONTACT.

Name:
Title:
Phone:

Name:
Title:
Phone:

SENIOR AUXILIARY APPLICATION AGES 18 OR OLDER



APPLICANT'S INFORMATION

Name

Phone Number

Date Of Birth :
D D M M Y Y

Full Address

Zip Code City :

E-Mail Drivers License #

Shirt Size Small Medium Large Other _____

School/employer

Are you in good health? yes no If no, please explain

Physician's Name: Physician's Name:

What type of volunteer work are you interested in?

List days, mornings, or afternoons that you can work daily



EMERGENCY CONTACT INFORMATION

Name

Phone Number

Relationship

I hereby submit my application for membership to the VRMC Auxiliary program. I agree to uphold the purpose, bylaws, and policies of the facility.

Signature: _____ Date: _____

DOCUMENTS DUE WITH APPLICATION

- Vaccination record including the following:
 - Tuberculin skin test within the past 12 months or documentation as a previous positive reactor or a chest x-ray taken within the past 5 years and/or blood draw quantiferon within the past 12 months
 - Proof of Rubella and Rubeola immunity by positive antibody titers or two (2) doses of MMR
 - Proof of Varicella immunity, by positive history of chickenpox or Varicella immunization;
 - Proof of Influenza vaccination during the flu season, October 1 to March 31, (or dates defined by CDC), or a signed Declination Form
 - Proof of completed vaccination for COVID-19
- Drivers License or State ID

Applications will not be reviewed/considered until the above items have been provided.

Human Resources will email a consent for background check to email address listed on application.

VOLUNTEER STANDARDS OF BEHAVIOR

I am committed to the power of one team.
I am committed to the power of my integrity
I am committed to the power of positive communication
I am committed to the power of ownership
I am committed to the power of mutual respect
I am committed to the power of a safe environment for all

Senior Auxiliary Program
100-A E. Alton Gloor Blvd.
Brownsville, TX 78526
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