



NAME OF APPLICANT

DATE OF APPLICATION

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

Name:

Name:

Title:

Title:

Phone:

Phone:

JUNIOR AUXILIARY APPLICATION AGES 15-17



APPLICANT'S INFORMATION

Name :

Phone Number : Date Of Birth :

Full Address :

Zip Code : Family Physician :

E-Mail : School & Grade :

Shirt Size : Small Medium Large Other _____

Why are you interested in joining our auxiliary team?



PARENT'S INFORMATION

Name _____

Phone Number _____

Emergency Contact Name _____

Emergency Phone Number _____

I hereby give my son/daughter _____ to enroll in the Junior Auxiliary Program at VRMC and to aid in the necessary instructions for their work as a Junior Auxiliary. I also give my permission for him/her to render the number of hours of service required and to attend regular meetings of the Junior Auxiliaries. I understand that neither the hospital nor the Auxiliary Program is to be held responsible in case of an unfortunate accident

Signature: _____

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

Applications will not be reviewed/considered until immunization records have been provided.

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

Junior Auxiliary Program
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