



Senior Auxiliary Program
100-A E. Alton Gloor Blvd.
Brownsville, TX 78526
(956) 350-7140

Application For Membership

Date of Application: _____

Name: _____

Address: _____ City: _____ State: _____

Phone Number: _____ E-mail Address: _____

Name of Employer/ School: _____

Spouse's Name: _____ Spouse's Employer: _____

Emergency Contact: _____ Emergency Contact Number: _____

Date of Birth: _____ Marital Status: _____ No. Of Children: _____ Ages: _____
Month/Day/Year

Have you had previous experience in volunteer work? _____ If yes, please give name of organization and a brief description of work : _____

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

Physician's Name: _____ Physician's Phone Number: _____

What type of volunteer work are you interested in?

1. Gift Shop _____ 2. Floor _____ 3. Surgical Waiting Area _____ 4. Coffee/Tea Cart _____
5. ER Waiting Area _____ 6. Special Projects- Fund raising _____ 7. 2nd Floor West/ Greeter _____
8. Other _____

Do you type? _____ Are you willing to type as part of your volunteer work? _____

Other areas of expertise? _____ How many hours can you volunteer each week? _____

List days, morning, or afternoons that you can work regularly. _____

If you cannot work on a regular basis, are you willing to be called in for special projects? _____

COMMENTS:

List 2 personal references & phone # (non-relative): _____

I hereby make application for membership in Valley Regional Medical's Center Auxiliary. I agree to uphold the purpose, Bylaws, and policies of the Auxiliary, which it serves. I understand ,y membership is automatically renewed upon payment of annual dues.

_____ Dues for _____ Date: _____ Signature: _____