



TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER

School of Medicine VOLUNTEER SERVICES – Lubbock

Adult Volunteer/Observer Application

VOLUNTEER
Texas Tech Physicians.

Name _____ Applying as: Volunteer [] Observer [] (Check all that apply)

Birth Date ___/___/___ Shirt Size ___ Phone _____ TTU R# _____

Email Address: _____ Citizenship: _____

if you are a Texas Tech student please use your @ttu.edu email address

How did you hear about the Volunteer/Observer Program? _____

Are you currently in school? Where, major, year? _____

Volunteer/Observer Experience: _____

Are you currently employed? Y [] N [] (Employer) _____ (Phone) _____

Have you ever been a TTUHSC Employee? Y [] N [] (Position) _____

Special Skills, Certifications, Languages _____

Why would you like to be a TTUHSC volunteer/observer? _____

What TTUHSC campus are you wanting to volunteer at? _____

I can volunteer _____ hours per week during the _____ (fall, spring, summer) session.

The availability provided will begin on (date) _____ and end on (date) _____.

Table with 6 columns: Morning 8:00-12:00, Afternoon 1:00-5:00, Monday, Tuesday, Wednesday, Thursday, Friday

Days and hours you can volunteer/observe: Clinics are open Monday – Friday. Minimum Requirement: 3-4 hour shift, at least once weekly for a minimum of three months.

Personal References: List three persons other than relatives that may be contacted.

(Name & Title)

(Phone)

1. _____

2. _____

3. _____

Have you ever been convicted of a crime other than a traffic ticket? Y N if yes, please explain. _____

Are you related to any member of the Board of Regents, Faculty, or Staff of TTUHSC? Y N If yes, give name & relationship. _____

Do you consent to a Background Check? Yes No

Medical Information

Emergency Contact: (Name) _____ (Phone) _____

Are you taking any medication of which we should be aware? Y N If yes, please identify. _____

Do you have any health considerations preventing you from doing certain types of work? Y N If yes, please explain. _____

I certify the statements made by me in this application are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that any false statements made herein will void this application and any actions based on it.

I authorize TTUHSC Volunteer Services office to make any reference checks to and to conduct a background check relating to my volunteer work with TTUHSC. I understand that my continual involvement with Volunteer Services program is determined by institutional needs and objectives, adequate discharge of duties, and compliance with institutional department's policies and procedures.

I understand that the individuals listed above may be contacted for references. I understand that I am applying for a volunteer position.

Print Name Date

Signature

Please submit this [application](#) the [immunization worksheet](#) and all [supporting documentation](#) to the office of Volunteer Services at Texas Tech University Health Sciences Center (1B422). You may also email the application and immunization record to volunteerservices@ttuhsc.edu.

Overview of Process

1. Submit application, immunization worksheet, and immunization records to Volunteer Services.
2. Consent to background check through automated email.
3. Complete Safety training video through automated email.
4. Immunization Clearance must be granted by Employee RN.
5. Attend New Volunteer/Observer Orientation with Volunteer Services Director.