TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER
[SCHOOL of XXXXX]* - VOLUNTEER SERVICES *[Campus]

Volunteer Application for Minors

Name _____ **Today's Date** _____

Address _____
(Street) (City) (State) (Zip Code)

Telephone _____ **Cell Phone**_____ **Birth Date** _____ **Age** _____
mm/dd/yy

Email Address: _____

Parent/Guardian _____

Address (if different from above) _____
(Street) (City) (State) (Zip Code)

Father's Employment _____ **Telephone** _____

Mother's Employment _____ **Telephone** _____

How did you hear about the TTUHSC Volunteer Program for Minors?_____

Volunteer/Work Experience_____
_____

Special Skills, Hobbies, Languages _____
_____

Current Organizations & Activities in school/outside of school: _____
_____

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

Days and hours you can volunteer: Clinics are open 8:00-5:00, M-F.

	M	T	W	Th	F
Morning					
Afternoon					

Initial Placement_____ **Start Date** _____

Indicate dates of vacation or other activities you have scheduled this summer?
_____

What means of transportation will get you to and from the Health Sciences Center?
_____

Have you ever been convicted of a crime other than a traffic ticket?_____If yes, please explain.

<u>Personal References:</u> List names & phone numbers of two adults (not relatives) whom you know well.

1. _____ Telephone _____
2. _____ Telephone _____

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

<u>Medical Information</u>

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

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

In case of sudden illness or emergency notify:

_____
(Name) (Relationship) (Telephone)

<u>Medical Reference:</u> List your primary physician that may be contacted if necessary.

_____
(Physician) (Address) (Telephone)

The information given above is complete and correct to the best of my knowledge. I understand that the individuals listed above may be contacted for references. I understand that I am applying for a volunteer position and, if my application is approved, I will not receive compensation or benefits for my volunteer service to TTUHSC.

_____ _____
Signature Date

_____ _____
Parent/Guardian Signature Date

FOR OFFICE USE ONLY
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INTERVIEW DATE_____ RESUME_____ PHOTO ID _____

ORIENTATION DATE _____ BY: _____ TOUR _____ DEPARTMENT CHECKLIST_____

ID BADGE_____ IMMUNIZATION DATE_____ UNIFORM _____

VOLUNTEER AGREEMENT_____ CONFIDENTIALITY_____ HIPPA/IT DATE _____

SAFETY TRAINING DATE _____ LAB TRAINING DATE _____ RADIATION TRAINING DATE_____

PARKING_____ LICENSE PLATE #_____MAKE_____ MODEL_____ COLOR_____ YEAR_____

START DATE _____ JOB DESCRIPTION _____ DEPARTMENT _____

SUPERVISOR _____ DAY & TIME_____

EVALUATION_____END DATE_____ BADGE RETURNED_____ UNIFORM RETURNED____ EXIT INTERVIEW_____