TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER
***[SCHOOL of XXXX]* VOLUNTEER SERVICES – [*Campus*]**
Adult Volunteer/Observer Application

Name _____ **Preferred Placement**_____

Current Address _____
(Street) (City) (Zip Code)
Telephone _____ **Cell Phone** _____ **Birth Date** _____
mm/dd/yy

Email Address: _____
****if you are a Texas Tech student, please use your ttu.edu email address****
How did you hear about our Volunteer/Observer Program?_____

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

Volunteer/Observer Experience:_____
_____

Work Experience: _____
_____

Are you currently employed? _____ **If yes, provide following information:**
_____
(Employer) (Address) (Telephone)

Special Skills, Hobbies, Languages _____
_____

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

Days and hours you can volunteer/observe: Clinics are open Monday -Friday.

	M	T	W	T	F
Morning 8:30-12:00					
Afternoon 1:00-5:00					

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

Name & Title Business/Home Address Telephone

1. _____
2. _____
3. _____

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

_____

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

Do you consent to a Background Check? Yes_____ No_____

Medical Information

Are you taking any medication of which we 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)

Medical Reference

List your primary physician that may be contacted if necessary.

_____

(Physician) (Address) (Telephone)

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 and to conduct a background check relating to my volunteer work with TTUHSC. I understand that my continual involvement with the Volunteer Services program is determined by institutional needs and objectives, adequate discharge of duties, and compliance with institutional department 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, and, if my application is approved, I will not receive compensation or benefits for my volunteer service to TTUHSC.

_____ _____

Signature **Date**

FOR OFFICE USE ONLY

INTERVIEW DATE_____ RESUME_____ PHOTO ID _____or VISA EXPIRATION DATE _____

ORIENTATION DATE _____ BY: _____ TOUR _____ DEPARTMENT CHECKLIST_____

ID BADGE_____ IMMUNIZATION DATE_____ UNIFORM _____

VOLUNTEER AGREEMENT_____ CONFIDENTIALITY_____ HIPPA/IT DATE _____

SAFETY TRAINING DATE _____ LAB TRAINING DATE: _____ PARKING_____

START DATE _____ VOLUNTEER_____ DEPARTMENT _____SUPERVISOR _____

OBSERVER_____ PHYSICIAN_____ DEPARTMENT_____

SCHEDULE_____

EVALUATION_____END DATE_____ BADGE RETURNED_____ UNIFORM RETURNED____ EXIT INTERVIEW_____