

**TEXAS TECH UNIVERSITY HEALTH SCIENCE CENTER  
SCHOOL OF MEDICINE  
VOLUNTEER SERVICES – EL PASO  
Teen Volunteer Application**

Name \_\_\_\_\_ Today's date \_\_\_\_\_

Address \_\_\_\_\_  
(Street) (City) (Zip Code)

Telephone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Birth Date \_\_\_\_\_ Age \_\_\_\_\_  
(mm/dd/yy)

Email Address: \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Address (If different from above) \_\_\_\_\_  
(Street) (City) (Zip Code)

Father's Employment \_\_\_\_\_ Telephone \_\_\_\_\_

Mother's Employment \_\_\_\_\_ Telephone \_\_\_\_\_

How did you hear about our Teen Volunteer Program? \_\_\_\_\_

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	T	F
Morning					
Afternoon					

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

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

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

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**Personal References** List names & phone numbers of two adults (not relatives) who you know well.

1. \_\_\_\_\_ Phone \_\_\_\_\_
2. \_\_\_\_\_ Phone \_\_\_\_\_

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

**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)

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.

\_\_\_\_\_  
**Signature** \_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Parent/Guardian Signature** \_\_\_\_\_  
**Date**

FOR OFFICE USE ONLY	
INTERVIEW DATE _____	RESUME _____ PHOTO ID _____ or VISA EXP. DATE _____
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 _____