TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER SCHOOL OF MEDICINE VOLUNTEER SERVICES – EL PASO

Adult Volunteer Application

Name		P	referred Place	ement	
Address					
(Street) Felephone		(City	⁷)	h Date	(Zip Code)
тенерионе	Cen i	1 Hone	DII (п Баш	(mm/dd/yy)
Email Address:					
How did you hear abo	ut our Volu	nteer Program?			
Are you currently in S	chool? Whe	re, major, year	?		
Volunteer Experience:	:				
Work Experience:					
Are you currently emp	oloyed?	If yes,]	provide follow	ing informa	tion:
(Employer)		(Addre	ess)		(Telephone)
Special Skills, Hobbies	s, Languages	S			
<u> </u>					
Why would you like to	be a TTUH	ISC volunteer?			
Days and hours you ca	ın volunteer	: Clinics are of	oen 8:00-5:00,	M-F.	
	M	Т	W	Т	F
Morning					
Afternoon					
nitial Placement				Start Date	·
<u>Personal References</u> L	ist three per	sons other than	relatives that	may be con	tacted.
Name & Title		Business/H	Iome Address		Telephone
l. 2.					
3					
ATT B New Application for	Adult Voluntee	er.doc			

Have you ever been con			
•	member of the Board of Regents, Faculty, or Stationship.		
Medical Information			
	lication of which we should be aware?		
	considerations preventing you from doing cer		
In case of sudden illness	s or emergency notify:		
(Name)	(Relationship)	(Telephone)	
<u>Medical Reference</u> List	your primary physician that may be contacted	if necessary.	
best of my knowledge a	(Address) ements made by me in this application are true nd belief and are made in good faith. I unders	, <u> </u>	
I certify the state best of my knowledge a made herein will void th I authorize TTU volunteer work with TT Services program is det and compliance with ins	ements made by me in this application are true nd belief and are made in good faith. I unders his application and any actions based on it. HSC Volunteer Services office to make any refUHSC. I understand that my continual involvermined by institutional needs and objectives, stitutional department policies and procedures at the individuals listed above may be contacted	, complete, and correct to the tand that any false statements derence checks relating to my vement with the Volunteer adequate discharge of duties,	
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