

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

Name _____ Preferred Placement _____

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

Telephone _____ Cell Phone _____ Birth Date _____
(mm/dd/yy)

Email Address: _____

How did you hear about our Volunteer Program? _____

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

Volunteer 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? _____

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

	M	T	W	T	F
Morning					
Afternoon					

Initial Placement _____ Start Date _____

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. _____

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 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.

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 _____	