

**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.

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 NTERVIEW _____