

## Volunteer Application for Minors

APPLICANT INFORMATION	
First, MI, Last:	
Street Address:	
City, State, Zip Code:	
Phone (###-###-####):	
Date of Birth (MM/DD/YYYY):	
Current Age:	
Email Address:	
How did you hear about our Volunteer Program:	
Why do you want to volunteer at TTUHSC EP:	
Have you ever been convicted of a crime other than a traffic ticket? If yes, please explain:	
What means of transportation will get you to/from TTUHSC EP:	
Are you related to any member of the Texas Tech Board of Regents, Faculty, or Staff of TTUHSC EP:	
Name/title of Relation (if applicable):	
Available Start Date (MM/DD/YYYY):	
PERSONAL ADULT REFERENCE #1 (Cannot be related)	
First/Last Name:	
Phone (###-###-####):	
Email Address:	
How do you know this person:	
PERSONAL ADULT REFERENCE #2 (Cannot be related)	
First/Last Name:	
Phone (###-###-####):	
Email Address:	
How do you know this person:	
PARENT/LEGAL GUARDIAN INFORMATION	
Primary Parent/Legal Guardian Name:	
Address (if different from above):	
Phone:	
Employer:	
Secondary Parent/Legal Guardian Name:	
Address (if different from above):	
Phone:	
Employer:	

**EXPERIENCE, SKILLS & ORGANIZATIONS**

Work Experience:	
Volunteer Experience:	
Special Skills, Hobbies and/or Languages:	
Current Organizations/Activities/Sports:	

**WEEKDAY AVAILABILITY**

AM or PM	Monday	Tuesday	Wednesday	Thursday	Friday
<b>Morning</b>					
<b>Afternoon</b>					

-----**To Be Completed by Volunteer Manager**-----

**FOR OFFICE USE ONLY FOR  
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INTERVIEW DATE \_\_\_\_\_ RESUME \_\_\_\_\_ PHOTO ID \_\_\_\_\_

ORIENTATION DATE \_\_\_\_\_ BY: \_\_\_\_\_ TOUR \_\_\_\_\_ DEPARTMENT CHECKLIST ID BADGE \_\_\_\_\_

\_\_\_\_\_ IMMUNIZATION DATE \_\_\_\_\_ UNIFORM \_\_\_\_\_

VOLUNTEER AGREEMENT \_\_\_\_\_ CONFIDENTIALITY \_\_\_\_\_ HIPAA/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 \_\_\_\_\_

### Volunteer Medical Information

1. Are you taking any medications which TTUHSC EP should be aware? If yes, please identify in the box below.

2. Do you have any limitations that would prevent you from performing certain types of volunteer work? If yes, please explain in the box below.

3. Emergency Contact (**Parent or Legal Guardian**). Please provide name, relationship and phone number(s) in the box below.

4. Emergency Contact (**Physician or Preferred Hospital**). Please provide name, address and phone number(s) in the box below.

#### SIGNATURE

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.

\_\_\_\_\_

Full Name Printed

\_\_\_\_\_

Signature

\_\_\_\_\_

Date