

Adult Volunteer or Observer/Job Shadow Application

APPLICANT INFORMATION					
First, MI, Last:					
Street Address:					
City, State, Zip Code:					
Phone (###-###-####):					
Date of Birth (MM/DD/YYYY):					
Email Address:					
How did you hear about our Volunteer Program:					
Are you currently in school?					
If in school, please provide major and year:					
Have you ever been convicted of a crime other than a traffic ticket? If yes, please explain:					
Why do you want to serve as a TTUHSC volunteer or observer:					
What means of transportation will get you to/from TTUHSC:					
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):					
Are you willing to consent to a background check:					
EXPERIENCE, SKILLS & ORGANIZATIONS					
Work Experience:					
If currently employed provide your employer name, address and phone:					
Volunteer or Observer/Job Shadow Experience:					
Special Skills, Hobbies and/or Languages:					
WEEKDAY AVAILABILITY					
AM or PM	Monday	Tuesday	Wednesday	Thursday	Friday
Morning					
Afternoon					

REFERENCE #1 (Cannot be related)	
Name:	
Company/Job Title:	
Phone (###-###-####):	
Email Address:	
REFERENCE #2 (Cannot be related)	
Name:	
Company/Job Title:	
Phone (###-###-####):	
Email Address:	
REFERENCE #3 (Cannot be related)	
Name:	
Company/Job Title:	
Phone (###-###-####):	
Email Address:	

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

FOR OFFICE USE ONLY	
INTERVIEW DATE _____ RESUME _____ PHOTO ID _____ or VISA EXPIRATION DATE _____	
ORIENTATION DATE _____ BY: _____ TOUR _____ DEPARTMENT CHECKLIST _____	
ID BADGE _____ IMMUNIZATION DATE _____ UNIFORM _____	
VOLUNTEER AGREEMENT _____ CONFIDENTIALITY _____ HIPAA/IT DATE _____	
SAFETY TRAINING DATE _____ LAB TRAINING DATE: _____ PARKING _____	
START DATE _____ VOLUNTEER _____ DEPARTMENT _____ SUPERVISOR _____	
OBSERVER _____ PHYSICIAN _____ DEPARTMENT _____ SCHEDULE _____	

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

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 EP to make any reference checks and to conduct a background check relating to my volunteer work with TTUHSC EP. 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.

Full Name Printed

Signature

Date