

TEXAS TECH UNIVERSITY

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. \_\_\_\_\_

Do you consent to a Background Check? Yes \_\_\_\_\_ No \_\_\_\_\_

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 and to conduct a background check 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, and, if my application is approved, I will not receive compensation or benefits for my volunteer service to TTUHSC

\_\_\_\_\_  
Signature Date

Signature		Date	
FOR OFFICE USE ONLY			
INTERVIEW DATE _____	RESUME _____	PHOTO ID _____	VISA EXPIRATION DATE _____
ORIENTATION DATE _____	BY: _____	TOUR _____	DEPARTMENT CHECKLIST _____
ID BADGE _____	IMMUNIZATION DATE _____	UNIFORM _____	
VOLUNTEER AGREEMENT _____	CONFIDENTIALITY _____	HIPPA/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 _____