



TO BE COMPLETED BY S&W STAFF ONLY													
Department/Division				Supervisor's Name						Telephone No. (w/ area code)			
Date Trained		Volunteer Assignment				Location (hospital or clinic)				Start Date		End Date	
VOLUNTEER APPLICATION													
Name of Individual or Group Contact Person (Last, First, Middle)								Date of Birth		Home Telephone No. (w/			
Street Address			City		State		Zip Code		Email Address				
Social Security No.				How did you find out about volunteer opportunities with our facility?									
1. Are you over 15 years of age?												<input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Why do you want to be a volunteer?													
3. What type of volunteer work do you prefer?													
4. Would you accept another assignment for which you will receive training?												<input type="checkbox"/> Yes <input type="checkbox"/> No	
5. List previous volunteer experience:													
6. Are you presently employed?												<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, complete the following:													
Name of Employer								Occupation					
Address of Employer								Full Time or Part Time					
7. Are you presently enrolled in a school, college or university?												<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, complete the following:													
Name of School/College/University								Name of Teacher/Professor					
Name of Class/Course								Class Credit					
8. Please circle location where you prefer to volunteer				Clinic				Hospital				No preference	
Indicate the days and times that you would be available to volunteer. Typical shifts: 8:00 am – Noon or Noon – 4:00 pm													
MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY		SATURDAY		SUNDAY	
am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm
9. Start date and length of commitment?													
10. Have you been convicted of any type of criminal offense or been listed as revoked in the Nurse Aide Registry or listed as unemployable in the Employee Misconduct Registry?												<input type="checkbox"/> Yes <input type="checkbox"/> No	



11. Have you lived at any time during the last two years outside the State of Texas?		<input type="checkbox"/> Yes <input type="checkbox"/> No
12. List ways by which you like to receive recognition:		
13. Do you speak any language other than English?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please list:		
14. Are you fluent in sign language?		<input type="checkbox"/> Yes <input type="checkbox"/> No
15. List your interests, hobbies, community activities:		
16. Check which special skills, or trades you may have (please list all computer applications you are comfortable using):		
<input type="checkbox"/> Clerical	<input type="checkbox"/> Typing	<input type="checkbox"/> Data Entry
<input type="checkbox"/> Sales	<input type="checkbox"/> Customer Service	<input type="checkbox"/> Crafts
<input type="checkbox"/> Other		
REFERENCE NAMES		
NAME	ADDRESS OR EMAIL ADDRESS	DAYTIME TELEPHONE
VOLUNTEER AGREEMENT		
<p>I affirm that the information that I have provided is true and correct to the best of my knowledge. I agree to conform with the Scott & White and the Volunteer Services rules and regulations. I also agree to respect the confidential nature of Hospital information as well as information obtained as a result of personal contacts with patients. I understand that criminal history and registry checks will be conducted before my volunteer placement begins. I further agree to inform the department if I am named in complaints, indictments, arrests or convicted of offenses.</p> <p>I understand that I will begin service on a reciprocal trial basis and agree to participate in orientation and training. I also understand that volunteering provides no promise of future employment.</p>		
Signature-Volunteer		Date
EMERGENCY CONTACTS		
Name		Relationship
Telephone No. (w/ area code)		
Street Address	City	State
<p>You have the right to request and be informed about the information that the Scott and White University Medical Campus obtains about you. You are entitled to receive and review the information upon request. You also have the right to ask Scott and White University Medical Campus to correct information that is determined to be incorrect (Government Code, Sections 552.021, 552.023, 559.004). To find out about your information and your right to request correction, please contact the Volunteer Services representative.</p>		