Dear Prospective Volunteer:

Thank you for your interest in the UT Southwestern Medical Center’s University Hospital Volunteer Program. Included in the adult volunteer packet are three forms which must be completed and returned to the Volunteer Services Department for processing of your application.

Make sure to review the references section and include two letters of references when you submit your application. (Pay close attention to the background check section and complete it in its entirety). Please record any instances you were convicted, plead guilty to, pled no contest (nolo contendere) to, or received deferred adjudication for a felony or a misdemeanor (other than for Class C misdemeanor traffic violations). If you need additional space, please use an additional sheet of paper. Answering “Yes” to either question will not automatically disqualify you from volunteering. (Misstatement, falsification, or omission of information in response to this question may be grounds for refusal to engage you as a volunteer). Lastly, make sure you complete the citizenship question. If you have non-immigrant status, for example E-1, F-1, H-1, or J-1; then your answer to this question should be “No”. Your application along with this information is submitted to our Human Resources Department and a link will be sent to you via email from our third party vendor “PreCheck” for completion of the background check. Please be sure to check your inbox and spam folder for receipt of this email and follow instructions to complete this process. This email should reference PreCheck.

Once completed, return your application via fax to 214-633-8795 or email UTSouthwesternVolunteers@utsouthwestern.edu. It can take 1½ to 2 weeks for HR to process your background check. Upon receipt of your background clearance, you will be contacted regarding the next steps for onboarding as a volunteer.

If you have any questions, please call (214) 633-4081. We look forward to working with you soon.

Sincerely,

Sherri W. Cooper  
Manager, Volunteer Services

Scott Glover  
Volunteer Coordinator, Volunteer Services

Attachments
VOLUNTEER APPLICATION

Name: ___________________________ Date: ________________

Address: ____________________________

_______________________________ Telephone # ______________________
(City) (Zip Code)

Occupation: ___________________________ Business Phone: _______________________

Date of Birth: ___________________________ Email: ________________________________

Education: _____________________________ / _____________________________
(High School) (College)

Other Education or Special Training: _____________________________________________

Experience as:

(a) Volunteer: _____________________________

(b) Other: _____________________________

Special Skills which can be utilized in health care: ________________________________

___________________________________________________________________________

Please identify 2nd language: _____________________________

Read: _____________________________ Speak: _____________________________ Write: ________________

List business/hospital equipment you can operate: ________________________________

___________________________________________________________________________

REFERENCES

Please include two (2) letter of references from individuals that know you. References should be someone not related to you.

How were you referred?

Newspaper _______ Physician _________ Volunteer _________ Employee _________

Walk in _________ Other: ________________________________
BACKGROUND CHECK

a. Do you currently have any criminal complaint, information, or indictment for a felony or misdemeanor pending against you? □ Yes □ No

b. Read the following instructions carefully. **Answering “yes” will not automatically disqualify you from volunteering. Misstatement, falsification, or omission of information in response to this question may be grounds for refusal to engage you as a volunteer.** UTSW may review complete criminal history information, without limitation, and including offenses that occurred over seven years ago. UTSW may consider the nature, date and circumstances of any offense, as well as the relatedness of the offense to the duties of the position(s) applied for and other factors, in making determinations. When responding to the below question, do not check “yes” if the criminal conviction has been sealed, expunged, annulled, or legally eradicated.

Have you ever in your lifetime been convicted of, pled guilty to, pled no contest (nolo contendere) to, or received deferred adjudication for a felony or a misdemeanor (other than for Class C misdemeanor traffic violations)? □ Yes (Please complete below) □ No

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Are you a U.S. Citizen or national; a permanent resident, a refugee, or authorized to work under the amnesty provisions of U.S. immigration law? (If you have non-immigrant status, for example: E-1, F-1, H-1, J-1; then your answer to this question should be no.) Check One:

Yes_______  No_______

Acceptance into the volunteer program is not a guarantee upon completion of the application process; it is based on availability, and needs of UT Southwestern University Hospitals. Your application will be reviewed and you will be contacted for a phone interview. Your assigned area of service will be selected based both on your skills and interest as well as availability and needs of UT Southwestern University Hospitals. At the time you are assigned a specific area, you will be given training for the responsibilities of your volunteer assignment.

UT Southwestern is committed to providing equal opportunities and to the full inclusion of all qualified individuals. As part of this commitment, UT Southwestern will ensure that persons with disabilities are provided reasonable accommodations. If you need reasonable accommodation to participate in the volunteer application or interview process, to perform essential functions of a volunteer position, and/or to receive other benefits of UT Southwestern’s programs, services, or activities, please contact the Office of Institutional Equity & Access at 214-648-4343 or EqualOpportunity@UTSouthwestern.edu.

Commitment:

I agree to give regular and dependable volunteer service to UT Southwestern University Hospitals. I certify that the above information is true and accurate to the best of my knowledge.

(Applicant’s Signature)  (Date)