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 there are four forms which must be completed and returned to the Volunteer Services Department for your application to be considered.

First you will find a volunteer application, which must be completed on both the front and back of the form. Second there is a volunteer application disclosure form, which must be completed on the front and back of the form. (Note: you must complete the top of the conviction page and sign and date the bottom of the form even if you have no convictions). Third is a DPS Computerized Criminal History (CCH) verification form, which you will print your name in the upper left hand corner and sign and date the bottom of the form. Lastly, there is a basic medical clearance form, which should be completed by your Doctor. Along with the medical clearance form, it is UT Southwestern Medical Center's hospital policy to require current immunization records on all volunteers. These records should include: Tdap (Tetanus, Diphtheria, Pertussis), vaccination; MMR (Measles, Mumps, and Rubella) immunity – acceptable antibody titers for each disease or proof of vaccination series 2 MMR; Varicella immunity – acceptable antibody titer or proof of vaccination series 2; Seasonal flu vaccination; and a Quantiferon Gold TB testing or TB skin testing within one month of start date (Only TB testing only can be done at UTSW upon arrival on campus. All other immunization must be completed before hand). Your application will not be considered unless a medical release is completed by your Doctor. The immunization review can be completed after orientation; however, you may not start volunteering until our Employee Health has cleared you for volunteer service.

Once completed, return all four forms 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 and completion of your reference checks, I will contact you regarding the next orientation date and the available volunteer areas. Orientations are held twice a month on a scheduled day from 9:00 a.m. to approximately 12:00 p.m.

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

Sincerely,

Scott Glover
Administrative Assistant - Volunteer Services

Enclosures
VOLUNTEER APPLICATION

Name: __________________________ Date: __________________________

Address: _______________________________________________________

________________________________________ Telephone # ______________

(City) (Zip Code)

Occupation: __________________________ Business Phone: ______________

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: __________________________

________________________________________

Area of major interest if available: __________________________ (1st choice)

________________________________________ (2nd choice) / (3rd choice)

Preferred Day(s): _________________________________________________

Preferred Hours: __________________________
Please list two local references who are not relatives. Please list daytime phone numbers.

1) __________________________________________
   (Name)
   _________________________(                      ) _________________________ (Telephone)
   _________________________(                      )
   (Address) (Phone)

2) __________________________________________
   (Name)
   _________________________(                      ) _________________________ (Telephone)
   _________________________(                      )
   (Address) (Phone)

How were you referred?

Newspaper ________ Physician ________ Volunteer ________ Employee ________

Walk in__________ Other

Have you ever been convicted of a felony? Yes__________ No__________

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 guaranteed upon completion of the application process and is based upon the 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.

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)

Please return this completed application in the enclosed envelope.
Thank you very much for your interest in UT Southwestern University Hospitals adult volunteer program. Volunteers are a special class of human beings that give of their time freely to help others in need and in doing so experience a gratification unsurpassed by any other act of kindness.

In a few paragraphs, we would love to hear why you want to become a volunteer at UT Southwestern University Hospitals.
VOLUNTEER APPLICANT
THE UNIVERSITY OF TEXAS
SOUTHWESTERN MEDICAL CENTER
AT DALLAS
OFFICE OF HUMAN RESOURCES

CANDIDATE DISCLOSURE AND CRIMINAL
BACKGROUND CHECK AUTHORIZATION

Pursuant to the requirements of the Fair Credit Reporting Act, notice is given that a "Consumer Report" may be made in connection with your application for employment. Pursuant to policies of the University of Texas System, a comprehensive thorough criminal history and conviction check may be made of your background.

If you are denied employment, either wholly or partly, because of information contained in the Consumer Report, a disclosure will be made to you of the name and address of the Consumer reporting agency making the report. You will also receive a copy of the Report and statement of your consumer rights.

ACKNOWLEDGMENT

In connection with my application for employment or continued employment, I hereby consent to the procurement of a Consumer Report, a criminal history and conviction background check and, if the duties of the position require driving a university motor vehicle, a driver's record check.

Candidate's (printed) Full Name: ______________________________

Other Last Names Used: ______________________________________

Social Security Number: ______________________________

Date of Birth: ______________________________

Drivers License State / Number: _____ / ________________________

Candidate's Signature: ______________________________

Today's Date: ______________________________

1 A consumer report may consist of employment records, educational verification, licensure verification, driving history, previous addresses, and other public records relative to criminal charges. UT Southwestern does not request or use credit report information on employment candidates.

Disclosure of your Social Security Number ("SSN") is required of you in order for The University of Texas Southwestern Medical Center at Dallas to complete a background check, as mandated by The Joint Commission, and in order to identify you within the University's personnel tracking system. Further disclosure of your SSN is governed by the Public Information Act (Chapter 552 of the Texas Government Code) and other applicable law.

Revised 10/22/09
VOLUNTEER APPLICANT
THE UNIVERSITY OF TEXAS
SOUTHWESTERN MEDICAL CENTER
AT DALLAS
OFFICE OF HUMAN RESOURCES

CONVICTION RECORD

Must be completed by applicant even if no convictions

Name: ___________________________ Social Security #: ___________________________
Street Address: ___________________________
City/State/Zip Code: ___________________________ Date of Birth: ___________________________

Date of Conviction: ___________________________ Court (City/State): ___________________________
Nature of Conviction: ___________________________ Disposition (Fine, Sentence, etc.): ______________
Name of Parole Office or Probation Office: ___________________________
Remarks: __________________________________________________

Date of Conviction: ___________________________ Court (City/State): ___________________________
Nature of Conviction: ___________________________ Disposition (Fine, Sentence, etc.): ______________
Name of Parole Office or Probation Office: ___________________________
Remarks: __________________________________________________

Date of Conviction: ___________________________ Court (City/State): ___________________________
Nature of Conviction: ___________________________ Disposition (Fine, Sentence, etc.): ______________
Name of Parole Office or Probation Office: ___________________________
Remarks: __________________________________________________

Applicant must sign and date even if no convictions

I certify that the information given by me is true, complete, and correct and is made in good faith. I understand that any significant omission of facts or false statements made herein shall be sufficient cause for dismissal. I hereby authorize The University of Texas Southwestern Medical Center at Dallas to conduct police record inquires to determine my acceptability for employment.

Date: ___________________________ Signature: ___________________________

Revised 10/22/09
Texas Department of Public Safety
Computerized Criminal History (CCH) Verification

( Agency Copy)

I, ____________________________, have been notified that a computerized criminal history
(CCH) verification check will be performed by accessing the Texas Department of Public Safety Secure
Website and will be based on name and date of birth information I supply.

Because the name based information is not an exact search and only fingerprint record searches
represent true identification to criminal history, the organization (as listed below) conducting the criminal
history is not allowed to discuss any information obtained using this method, therefore the agency may
offer the opportunity to have a fingerprint search performed to clear any misidentification based on the
name search, if the search provides a criminal report I know could not be mine.

For the fingerprinting process I will be required to submit a full and complete set of my fingerprints
for analysis through the Texas Department to Public Safety AFIS (automated fingerprint identification
system). I have been made aware that in order to complete this process I must have the correct
fingerprinting (FAST) form from this agency, make an online appointment, submit a full and complete set of
my fingerprints, and pay a fee of $9.95 to the fingerprinting services company, L1Enrollment Services.

Once this process is completed and the agency receives the data from DPS, the information on my
fingerprint criminal history record may be discussed with me.

(This copy must remain on file by your agency. Required for future DPS Audits)

__________________________________
Signature of Applicant or Employee

__/___/___
Date

U.T. Southwestern Medical Center
Agency Name

__________________________________
Agency Representative Name (Please Print)

__________________________________
Signature of Agency Representative

__/___/___
Date

Please:

Check and Initial each Applicable Space

CCH Report Printed:
Yes ____  No ____  _______ Initial

Purpose of CCH: Employment Check

Hired ____  Not Hired ____  _______ Initial

Date Printed: ___/___/___  _______ Initial

Destroyed Date: ___/___/___  _______ initial

Retain in your files
Date: __________________________

To: Dr. __________________________

Re: ____________________________________________________________

Applicant Name: __________________________ Signature __________________________

Applicant D.O.B. __________________________

You have been given as a medical reference by the above listed APPLICANT who has applied for volunteer service subject to MEDICAL CLEARANCE at UT Southwestern Medical Center's University Hospitals. (The signature above indicates the applicant’s willingness for you to release confidential information.)

Please answer the questions below about the applicant in order for us to consider him/her for volunteer service. The information you provide will be appreciated and kept strictly confidential.

1. Tell us about any restrictions you deem necessary because of physical or mental/emotional limitations:
   __________________________________________________________________________
   __________________________________________________________________________

2. Do you recommend the applicant have direct patient contact? _________________

3. Please give additional information or restrictions you would suggest.
   __________________________________________________________________________
   __________________________________________________________________________

Physician’s Signature __________________________ Date __________________________

Scott Glover
Volunteer Coordinator
UT Southwestern University Hospitals – Volunteer Services