Thank you for your interest in the UT Southwestern Simmons Comprehensive Cancer Center Volunteer Program.

Our volunteer opportunities at the Cancer Center are available weekdays, M-F, 9am-4pm. We require a volunteer commitment of one 3-4 hour shift per week for a minimum of 6 months or 100 hours.

To volunteer, you must be at least 18 years of age, have identification including a Social Security number, complete and return the attached volunteer application and forms, and pass the background check and reference checks. The Simmons Volunteer Program Coordinator will then contact you to schedule an interview to discuss volunteer placement opportunities that best match your interests. At that time you will also be notified of upcoming volunteer orientation dates. (Orientation are typically held twice a month, weekdays from 9:00 a.m. to 12:00 p.m.).

Ready to get started? Please follow the steps below to begin the process:

1. Volunteer application Please complete both the front and back of the form.
2. Volunteer application disclosure form Please complete both front and back of the form. (Note: you must complete the top of the conviction page and sign/date the bottom of the form even if you have no convictions).
3. DPS Computerized Criminal History (CCH) verification form Please print your name in the upper left hand corner and sign/date the bottom of the form.
4. Medical clearance form Please have your doctor sign and complete, then submit
5. Immunization review Provide documentation of *required immunizations or #proof of immunity via acceptable antibody titers.

UT Southwestern Medical Center's policy *requires the following current immunization records prior to volunteering.
*# Tdap (Tetanus, Diphtheria, Pertussis) vaccinations
*# MMR (Measles, Mumps, and Rubella) vaccinations
*# Varicella vaccine
*Seasonal flu vaccine
++Quantiferon Gold TB testing- the TB test will be given to you once you are an active volunteer serving on our campus at no charge.

Please return your application and forms via fax; scan or email or by US Mail to the address below. If you have any questions, please call me at 214-633-4081. I look forward to working with you soon.

My best,
Scott Glover
Volunteer Services, UT Southwestern Medical Center
VOLUNTEER APPLICATION

Name: __________________________ Date: __________________

Address: __________________________________________

Phone #: ________________________________________

(City) (Zip Code)

Occupation: __________________________ Cell Phone #: __________________________

Email: __________________________________________

Education: __________________________ / __________________________

(High School) (College)

Other Education or Special Training: __________________________

Volunteer Experience: __________________________________________

Volunteer Shifts: Mon / Tues / Weds / Thurs / Fri 9am-1pm / 10am-2pm / 12pm-4pm (Please circle one weekday and one shift option)

Areas of Interest: Please preference top 3

Clinic Volunteer: duties involve errands for clinical staff and assisting with clerical help, as well as acquainting new patients with layout of the cancer center and locations of dining options and patient/family services.

Book Cart: volunteers offer books from our book cart to parents/grandparents in treatment to share and bond with their children at home

Pharmacy: volunteers assist with filing paperwork, scanning incoming inventory, unboxing incoming orders and making deliveries to clinic areas.

Clerical: provide general office and clerical support in the Simmons Comprehensive Cancer Center offices

Oncology Inpatient: volunteers to visit with Simmons oncology clinic patients while inpatient at CUH on 11S & 11 N

Pet Therapy: volunteers and canine teams certified through Pet Partners.org

Music Volunteer: provide musical entertainment in 2nd floor waiting area. Demo tape required.
Please list two local references who are not relatives. Please list daytime/cell phone numbers.

1) 

(Name) 

______________________________ ( ) ____________________ 

(Email Address) (Day Phone)

2) 

(Name) 

______________________________ ( ) ____________________ 

(Email Address) (Day 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

Acceptance into the Volunteer Program is not guaranteed upon completion of this application. Acceptance into the Volunteer Program is based upon clearance of a background and reference check/s, interview with Volunteer Coordinator, medical clearance, immunization review, and completion of volunteer orientation. Acceptance of volunteers will also be based on the availability, mutual interest and current needs of the UT Southwestern Simmons Comprehensive Cancer Center Volunteer Program.

Commitment:

I agree to give a minimum of 6 months or 100 hours of service to UT Southwestern Simmons Comprehensive Cancer Center. I understand the effort and follow through required of becoming a volunteer of Simmons Comprehensive Cancer Center. I certify that the above information is true and accurate to the best of my knowledge.

(Applicant’s Signature) (Date)

Please return all forms via one of the following:
Email to: SCCCVolunteer@utsouthwestern.edu please add “securemail” in subject line
Or mail to: 2201 Inwood Rd., Dallas, TX 75390-9248
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.
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 inquiries 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 Simmons Comprehensive Cancer Center. (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__________________

**Please return completed and physician signed form to: Scott Glover, Volunteer Coordinator

Upload/Scan: SCCCVolunteer@UTSouthwestern.edu please use “secure mail” in subject line