

TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER
[SCHOOL of XXXXX] - VOLUNTEER SERVICES [Campus]
Volunteer Application for Minors

Name _____ Today's Date _____

Address _____
(Street) (City) (State) (Zip Code)

Telephone _____ Cell Phone _____ Birth Date _____ Age _____
mm/dd/yy

Email Address: _____

Parent/Guardian _____

Address (if different from above) _____
(Street) (City) (State) (Zip Code)

Father's Employment _____ Telephone _____

Mother's Employment _____ Telephone _____

How did you hear about the TTUHSC Volunteer Program for Minors? _____

Volunteer/Work Experience _____

Special Skills, Hobbies, Languages _____

Current Organizations & Activities in school/outside of school: _____

Why would you like to be a TTUHSC volunteer? _____

Days and hours you can volunteer: Clinics are open 8:00-5:00, M-F.

	M	T	W	Th	F
Morning					
Afternoon					

Initial Placement _____ Start Date _____

Indicate dates of vacation or other activities you have scheduled this summer?

What means of transportation will get you to and from the Health Sciences Center?

Have you ever been convicted of a crime other than a traffic ticket? _____ If yes, please explain.

Personal References: List names & phone numbers of two adults (not relatives) whom you know well.

1. _____ Telephone _____

2. _____ Telephone _____

Are you related to any member of the Board of Regents, Faculty, or Staff of TTUHSC? _____