



THE UNIVERSITY OF TEXAS HARRIS COUNTY PSYCHIATRIC CENTER  
VOLUNTEER APPLICATION  
INDIVIDUAL

PRINT AND MAIL THIS APPLICATION TO:  
The University of Texas Harris County Psychiatric Center  
Volunteer Services  
2800 South MacGregor Way  
Houston, Texas 77021

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_

Telephone – home: \_\_\_\_\_ Business: \_\_\_\_\_

Your Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Business Address: \_\_\_\_\_

\_\_\_\_\_

Education: High School \_\_\_\_\_ College \_\_\_\_\_ Other \_\_\_\_\_

School Name: \_\_\_\_\_ Degree(s) \_\_\_\_\_

Major: \_\_\_\_\_ Special Training \_\_\_\_\_

Languages Spoken: \_\_\_\_\_ Other (list) \_\_\_\_\_

Hobbies: \_\_\_\_\_

Special skills and/or Interests: \_\_\_\_\_

List Volunteer/Community Activities: \_\_\_\_\_

\_\_\_\_\_

Referred by: \_\_\_\_\_

Address and Telephone: \_\_\_\_\_

Why are you interested in volunteering at UT HCPC? Yes \_\_\_\_\_ No \_\_\_\_\_ If so, when \_\_\_\_\_

I am available to volunteer: Morning \_\_\_\_\_ Afternoon \_\_\_\_\_ Evening \_\_\_\_\_

Days I can volunteer: Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_ Thursday \_\_\_\_\_  
Friday \_\_\_\_\_ Saturday \_\_\_\_\_ Sunday \_\_\_\_\_

I like to volunteer with: Children \_\_\_\_\_ Adolescents \_\_\_\_\_ Adults \_\_\_\_\_

My strong points are: \_\_\_\_\_  
\_\_\_\_\_

References: Please list two personal (no relatives) and one business.

Personal - 1. Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_

Personal - 2. Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_

Business –

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

IN CASE OF EMERGENCY NOTIFY:

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: Home \_\_\_\_\_ Business: \_\_\_\_\_

Physician: \_\_\_\_\_ Telephone: \_\_\_\_\_

A criminal background must be completed and passed before you can volunteer at UTHCPC.

**Pre-Volunteering Disclosure and Release Application**

Date: \_\_\_\_\_

Applicant's Full Name: \_\_\_\_\_

Current Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Driver's license Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

The individuals listed on my application may be contacted as personal references:  
\_\_\_\_\_ Yes \_\_\_\_\_ No

I am required to report volunteer time to an agency: \_\_\_\_\_ Yes \_\_\_\_\_ No

Agency Name: \_\_\_\_\_

I understand that these investigative background inquiries may include criminal, driving, prior employment and other reports. Further, I understand that UT-Harris County Psychiatric Center and the University of Texas (UT) Police may be requesting information from various federal, state or other agencies which maintain records concerning my past activities in relations to my driving, criminal, civil and other experiences.

I hereby authorize, without reservation, any party or agency contacted by UT-Houston Harris County Psychiatric Center and/or the University of Texas Police Department or any other police agency to furnish the above-mentioned information. I further release all agents and employees of the UT-Houston Harris County Psychiatric Center, the person/persons of such police agencies or departments from all liability resulting from the furnishing of this information to the UT-Houston Harris County Psychiatric Center.

I further understand that all information received will be kept confidential. Only the University of Texas Police Department, the UT-Houston Harris County Psychiatric center and the Department of Public Safety (DPS) will have access to the files, and neither I, nor any other individual except by court order, will be allowed to see the information in these files for any reason.

I understand the information obtained will be used for acceptance or denial for the volunteer program. I, also understand that if after review of this information, the UT Police, HCPC or DPS determines that I represent a risk to the institution, I will be deemed unsuitable for a volunteer position and will be separated or removed from consideration.

The authorization granted herein expires one year from the date hereof.

**I have read and understand the above information, and assert that all information provided by me is true and accurate.**

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_