



Student Volunteer Application (Students Ages 14 – 18)

THE UNIVERSITY OF TEXAS HARRIS COUNTY PSYCHIATRIC CENTER
STUDENT VOLUNTEER APPLICATION

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

Date: _____ Please complete all items below.

Name: _____ Date of Birth: _____

Social Security Number: _____

Home Address: _____

Telephone – home: _____ Other: _____

School You Attend: _____ Grade Level _____

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 HCPC – Answer on separate paper & attaché.

Have you been a patient at HCPC? Yes _____ No _____ If so, when _____

I am available to volunteer: Morning _____ Afternoon _____ Evening _____

Days/Times I can volunteer: Mon.____ Tues.____ Wed.____ Thurs.____ Fri.____
Sat.____ Sun.____

Number of hours community service required by your school/group_____

Sponsor's Name _____ Sponsor's Telephone Number _____

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: _____

IN CASE OF EMERGENCY NOTIFY:

Name: _____

Address: _____

Telephone: Home _____ Business: _____

Physician: _____ Telephone: _____

I hereby grant permission for _____ who is _____ years of age and is in the
_____ grade of school, to serve as a junior volunteer at The University of Texas Harris County Psychiatric
Center .

PARENT OR GUARDIAN SIGNATURE _____ Date _____

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, UTHCPC 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: _____