

**The University of Texas Harris County Psychiatric Center
Group Volunteer Application**

Date _____ **Group Name** _____

Coordinator's Name _____

Date of Birth _____ **E-mail** _____

Home Address _____

Coordinator's Home Phone _____ **Coordinator's Work Phone** _____

Special Skills / Interests _____

Languages Spoken within the Group _____

Why is your group interested in volunteering at UTHCPC? _____

Number of member in your group interested in volunteering _____

Referred to UTHCPC by _____

Please email a list of all names, dates of birth and social security numbers of those interested in volunteering to Carol.J.Rone@uth.tmc.edu. Be sure to reference your group name in the subject line.

President/Pastor of Group's name _____

Group's/Church's address _____

We are available to volunteer:

Morning Afternoon Evening

Days I can volunteer:

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday
- Saturday
- Sunday

Special Occasion Volunteering:

- Halloween
- Thanksgiving
- Christmas
- Valentine's Day
- Easter
- Memorial Day
- Independence Day
- Back to School
- Other: _____

Would you sponsor a unit/patient party on the above dates?

- Yes
- No

Which Holidays? _____

Groups interested in sponsoring a donor drive are also welcome. All donations are tax deductible and much appreciated by UTHCPC's patients. One hundred percent of all funds and items donated go directly to patient use.

Our Group can Donate:

- Clothes
- Holiday candy/snacks
- Toys
- Stuffed animals
- Toiletries
- Books
- Magazines
- Money for supplies
- Other: _____

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

Pre-Volunteering Disclosure and Release Application

Date _____ **Full Name** _____

Home Address _____

Social Security Number _____ **Driver License Number** _____

Date of Birth _____

The individuals listed on my application may be contacted as references.

- Yes
- No

I am required to report volunteer time to an agency.

- Yes
- No

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.

Yes

No