



Dear Prospective Volunteer,

Thank you for your interest in the Volunteer Program at Texas Scottish Rite Hospital for Children. We have certain requirements that **must** be completed before volunteering. Please provide a **copy** of the items listed below.

**APPLICATIONS WILL NOT BE ACCEPTED WITHOUT THE FOLLOWING INFORMATION:**

**Volunteers born after 1956 must provide proof of immunity or immunization to ALL of the following:**

- MMR** (Measles or Rubeola, Mumps and Rubella)
- CHICKENPOX** – either the age and date of illness or proof of the varicella vaccine
- TDAP** (Tetanus, Diphtheria and Acellular Pertussis) – TDAP vaccinations must have been given within the last 10 years

**Volunteers born in or before 1956 must provide proof of immunity or immunization to:**

- TDAP** (Tetanus, Diphtheria and Acellular Pertussis) – TDAP vaccinations must have been given within the last 10 years

**Two completed reference questionnaires:**

- Please ask two individuals to complete the attached reference questionnaire. Your references need to be 18 years of age or older and have known you for at least two years (no relatives please). Questionnaires must be included with your application in a sealed envelope with the reference's signature across the seal.

Thank you for your cooperation and support. We look forward to meeting you!

Sincerely,

The Volunteer Services Staff

Completed applications may be dropped off or mailed to:  
Texas Scottish Rite Hospital for Children  
Attn: Volunteer Services  
2222 Welborn Street, Dallas, Texas 75219  
214.559.7825  
Volunteers@tsrh.org



**FOR OFFICE USE ONLY:**

Revised: Jan. 2018

Date Received: \_\_\_\_\_ MMR:  CP:  Tdap:  Refs:   
 VSys:  Email:  Background Check:  Input:  Clear:   
 Dallas  Frisco  Reviewed: \_\_\_\_\_ Assigned to: \_\_\_\_\_

## ADULT VOLUNTEER APPLICATION (Ages 18 and over)

**Applications will not be accepted without proof of immunizations & references**

**PERSONAL INFORMATION:**

Title: \_\_\_\_\_ Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_  
 Maiden: \_\_\_\_\_ Spouse: \_\_\_\_\_  Male  Female  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 E-Mail Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_  
 Preferred form of communication?  Cell  Home  Work  E-Mail Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Current Employment (if any): \_\_\_\_\_ Position: \_\_\_\_\_  
 If retired, list name of previous employer & last position held: \_\_\_\_\_  
 Educational Background – High School: \_\_\_\_\_ College: \_\_\_\_\_  
 Degree(s): \_\_\_\_\_ Are you currently a student? Where? \_\_\_\_\_

Please list a **LOCAL** emergency contact – Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_  
 E-Mail Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Scottish Rite Hospital offers a variety of **different volunteer opportunities**. Please choose which program works best for you.

<p><b>Dallas Campus:</b></p> <p><u>Day Program:</u> <input type="checkbox"/> Mon. <input type="checkbox"/> Tues. <input type="checkbox"/> Wed. <input type="checkbox"/> Thurs. <input type="checkbox"/> Fri.  <input type="checkbox"/> 8 a.m. to Noon <input type="checkbox"/> Noon to 4 p.m.</p> <p><u>Evening Program:</u> <input type="checkbox"/> Mon. <input type="checkbox"/> Tues. <input type="checkbox"/> Wed. <input type="checkbox"/> Thurs.          Evening volunteering is <b>5:45 p.m. to 8:00 p.m.</b></p>	<p><b>Frisco Campus:</b> Frisco available late 2018</p> <p><u>Day Program:</u> <input type="checkbox"/> Mon. <input type="checkbox"/> Tues. <input type="checkbox"/> Wed. <input type="checkbox"/> Thurs. <input type="checkbox"/> Fri.  <input type="checkbox"/> 8 a.m. to Noon <input type="checkbox"/> Noon to 4 p.m.</p>
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**INTEREST:**

Have you volunteered with us previously?  Yes, the **Adult** Volunteer Program  Yes, the **Junior** Volunteer Program  
 Yes, group/special event: \_\_\_\_\_  No, I have not volunteered previously  
 How did you learn about our volunteer program?  Website  Volunteer  Staff  Friend/Family  Patient/Parent  
 Other \_\_\_\_\_ Who referred you? \_\_\_\_\_  
 Reason(s) for wanting to volunteer: \_\_\_\_\_

**For Office Use Only:** Called for interview:  \_\_\_\_\_  \_\_\_\_\_  \_\_\_\_\_ Invited to orientation:  \_\_\_\_\_  \_\_\_\_\_  \_\_\_\_\_  
 Interviewed on: \_\_\_\_\_ Attended orientation on: \_\_\_\_\_  App made incomplete: \_\_\_\_\_ ( Letter Mailed) DC:  FC:



**APPLICATION DISCLOSURE**  
**Background Check Consent for Volunteers**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Middle: \_\_\_\_\_ Maiden: \_\_\_\_\_

Date of Birth\*: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

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

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

Previous Addresses (Last 7 years):

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Pursuant to the requirements of the Fair Credit Reporting Act, notice is given that a **consumer report\*\*** may be in connection with your application for volunteer placement and/or that periodic **consumer reports** may be made in connection with your continued volunteer position at Texas Scottish Rite Hospital for Children.

If you are denied placement, either wholly or partly, because of information contained in a consumer report, a disclosure will be made to you of the name and address of the consumer reporting agency making such report. You will also receive a copy of the report and a statement of your consumer rights.

I have read the above notice and understand what it means. I hereby authorize the procurement of a consumer report for volunteer purposes.

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

\*for consumer report purposes only

**\*\*A consumer report may consist of employment records, education verification, licensure verification, driving history, previous addresses, and other public records relative to criminal charges. A credit report will not be requested unless it is deemed pertinent to the functions of the position for which you are applying.**



# Reference Questionnaire

## Adult Volunteer Application

Thank you for agreeing to be a reference for \_\_\_\_\_! We would appreciate if you would answer the following questions, so that we can learn a little bit more about the volunteer applicant. Please seal the completed questionnaire in an envelope, sign the seal and return it to the applicant.

Reference Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_ How long have you known the applicant? \_\_\_\_\_

What is the nature of your relationship? \_\_\_\_\_

Describe the applicant's reliability and willingness to make a commitment to volunteering.

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Do you know of any problem the applicant has that would affect his/her volunteering with children/youth?

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Would you recommend the applicant for placement in a setting such as ours?  Yes  No

If not, do you feel he/she may be more suited for another type of volunteer agency? \_\_\_\_\_

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Would you entrust the care of your child to the applicant?  Yes  No – please explain: \_\_\_\_\_

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Additional Comments: \_\_\_\_\_

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



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Additional Comments: \_\_\_\_\_

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