

Thank you for your interest in volunteering at UT Health Northeast. We appreciate the skill sets that our volunteers bring to our organization. People from all over the region and all walks of life join us to help make Northeast Texas a healthier community. The greatest rewards come from the heart and you CAN make a difference in someone's life by starting with these three easy steps:

- Complete and return our application. Once the application is received in our office, there is a 7 – 10 day processing period. When your application is processed a member of Volunteer Services will contact you to schedule an interview.
- 2. **Participate in orientation** (normally first day of service). This will introduce you to the hospital and give you an overview of essential topics for all hospital workers, including confidentiality, infection control, safety issues, HIPAA, and general compliance training.
- 3. **Take our tuberculosis skin test** (required of all healthcare workers) at our Occupational Health Clinic.

You are ready to take your place as a UT Health Hospital Volunteer! You will find lots of obliging people ready to help train you in your placement and assist you whenever you have a question.

As a volunteer, your benefits would include:

- Preferred parking (Parking Lot F) when you are scheduled to volunteer
- Free annual flu immunizations
- Free annual TB screening
- Complimentary coffee when you volunteer
- Discounts from UT Health cafeteria and gift shop with ID badge
- Annual Volunteer Appreciation Luncheon
- An opportunity for a satisfying experience with an opportunity to Inspire by Example!

Remember, volunteering today makes for a healthier tomorrow.

We look forward to receiving your completed application. In the meantime, if you have any questions, please feel free to contact D'Anne Moxon at UT Health Volunteer Services (903) 877-7024.

UT Health Northeast Volunteer Application

Mr./Mrs./Ms			Birthday/ /			
Fi	rst, Middle, Last		Month Day Year			
Address						
City	State	Zip	Work()			
mail addressDrivers License (State & Number):						
How did you learn about UT He	alth Volunteer Servic	es?				
EMERGENCY CONTACT						
In case of emergency, please	e notify					
RelationshipH	ome#	Work#	Cell#			
SKILLS AND INTERESTS						
Please list community affiliation	s, hobbies, special sł	kills, or abilities, lan	guages spoken:			
AREAS OF INTEREST (Che	ck all that apply)					
Positions with direct patient/						
Guest and staff support in p	atient care areas.					
 Administrative or clerical po 		blic setting				
If you have a specific area(s) o		-				
ii you nave a specific area(s) o	i interest, please indi					
AVAILABILITY (Check day and	times you wish to w	ork)				
	Morning	Afternoon	Evening			
Monday						
Tuesday Wednesday						
Thursday						
Friday						
REFERENCES						
Name: 1		Telephone:				
2						

LIMITATIONS

Do you have any limitations or special needs that should be considered in your placement? If yes, please identify:

Reason for interest in volunteering_____

Personal Physician_____ Phone #_____

Do you have any physical limitation or health problems? Yes / No

Do you have a medical reason for not being able to take a TB skin test? Y/N If yes, please explain_____

Personal Information: Have you ever been convicted of a misdemeanor &/or felony? Yes / No Do you understand a background check will be conducted on you personally? Yes / No

Signature	
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Date

PLEASE RETURN COMPLETED APPLICATION TO:

UT Health Northeast c/o Volunteer Services 11937 US Hwy. 271 Tyler, TX 75708-3154

FOR OFFICE USE ONLY: DO NOT WRITE BELOW THIS LINE

Interviewed by	Date	Uniform & Badge Issued	Background Ck	
Exit Interview by	Date	Uniform & Badge Returned	Background Ck Recvd	
Interview Notes:				
Assignment	Day	Time	Task/Dept.	