



*Office use only*

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4502 Medical Drive MS-63-1  
 San Antonio, Texas 78229-4493  
 Tel. (210) 358-2326 Fax (210) 358-4801

**Junior Volunteer Application**

*PLEASE PRINT LEGAL NAME:*

Name \_\_\_\_\_  
                     Last                                    First                                    MI

Address \_\_\_\_\_

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

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

Home Phone \_\_\_\_\_ Alternative Number \_\_\_\_\_

Check the following UHS programs you have participated in:

UHS Program	Year
<input type="checkbox"/> Junior Volunteer Program	_____
<input type="checkbox"/> Camp 98.6	_____
<input type="checkbox"/> UHS Tours	_____
<input type="checkbox"/> Clinical Rotations	_____
<input type="checkbox"/> Other _____	_____

**Contact in Case of Emergency**

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

**How did you learn about our UHS Junior Volunteer Program? Please name the source.**

- Internet site \_\_\_\_\_
- School \_\_\_\_\_
- UHS Volunteer \_\_\_\_\_
- UHS Employee \_\_\_\_\_
- Other \_\_\_\_\_

**Volunteer Availability**

Junior Volunteers **must be able to** volunteer Monday – Friday (No Saturday and Sunday) from 9am-3pm.

**Option # 1: June 11- July 6, 2012**

**Option #2: July 16- August 10**

Choose a location:

Choose a location:

- University Hospital (10 slots available only)
- Robert B. Green Campus
- UFHC-North  UFHC-Southwest  UFHC-Southeast
- University Center for Community Health/Texas Diabetes Institute
- Other \_\_\_\_\_

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- UFHC-North  UFHC-Southwest  UFHC-Southeast
- University Center for Community Health/Texas Diabetes Institute
- Other \_\_\_\_\_

## References

### School Information

Name of School \_\_\_\_\_ School District \_\_\_\_\_  Public  Private

School Grade Level \_\_\_\_\_ Expected Graduation Date \_\_\_\_\_

Course of Study after Graduation \_\_\_\_\_

Education Objective \_\_\_\_\_

### Reference Letter

Obtain two references

1) Counselor/school administrator: School reference letter **must** be on an official school letterhead and discuss the student's character, any disciplinary actions, leadership roles, GPA, and school attendance.

2) Community leader: Community reference letter must indicate community activities and community involvement level.

Name \_\_\_\_\_ Name \_\_\_\_\_

Relationship \_\_\_\_\_ Relationship \_\_\_\_\_

Phone \_\_\_\_\_ Phone \_\_\_\_\_

Cell \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_ Email \_\_\_\_\_

### Essay

Please respond to the following questions in an essay form. Include your name at the top of the page and word count. Essay must be at least **1,000 words**, double-spaced, typed, 12 pt font size, Times New Roman font.

- 1) **What does the word volunteer mean to you?**
- 2) **In what area would you like to volunteer? Why?**
- 3) **What do you see yourself doing as a volunteer?**
- 4) **What are your career plans?**
- 5) **How will participating in the Junior Volunteer Program assist with the realization of your degree/certification?**

I HEREBY CERTIFY that all the information provided on this application is true, correct, and complete. I grant University Health System permission to verify this information for the purpose of determining my volunteer acceptance. I understand any misrepresentation or omission of any facts necessary to make this application complete shall be cause for rejection of the application or dismissal by University Health System.

I understand this application is not intended as a job offer or a contract for any specific time period and that I may resign or be terminated at any time without notice or requirement of cause.

I understand and agree that, as a condition of acceptance, I will be required to successfully complete all acceptance requirements. I further agree to abide by all rules, regulations, and policies of University Health System if accepted. I understand any acceptance is contingent upon successful completion of background check and health screening. I understand, if accepted, I will be required to complete an annual health screening.

**Notice of Controlled Substance Testing Policy:**

University Health System conducts its operations with the highest possible degree of safety for acceptance. Because of this standard, University Health System requests that all final candidates for acceptance undergo screening for controlled substances.

The screening for controlled substance will not be performed without the written, signed consent of the volunteer's parent or guardian. A volunteer who decides to submit to a screening for controlled substances, or who does not successfully complete this screening, will not be further considered for acceptance.

My signature on this application indicates that I have read and understand this notice.

Name of Volunteer Applicant (Print): \_\_\_\_\_

Signature of Volunteer Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

If you have ever attended school or worked under another name, please give us that name(s):

\_\_\_\_\_

**Volunteer Applicant's e-mail Address:** \_\_\_\_\_

@  yahoo.com  gmail.com  hotmail.com  other: \_\_\_\_\_

Parent/Guardian's Name (Print): \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Parent/Guardian's e-mail Address:** \_\_\_\_\_

@  yahoo.com  gmail.com  hotmail.com  other: \_\_\_\_\_

**Daytime Phone:** \_\_\_\_\_

+ A Consumer Report may consist of employment records, education verification, licensure verification, driving history, previous address, and other public records relative to criminal charges. A credit report will not be requested unless it is denied pertinent to the functions of the position for which you are applying.