

SCOTTISH RITE



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 #1 & #2** (Measles or Rubeola, Mumps and Rubella)– *2 shots totaling 1mL*
- CHICKENPOX #1 & #2**– *Proof of varicella vaccines (2 shots) or proof of disease from treating physician*
- 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:
Scottish Rite for Children
Attn: Volunteer Services
2222 Welborn Street, Dallas, Texas 75219
214.559.7825



FOR OFFICE USE ONLY:

Revised: 1/2020

Date Received: _____ MMR: CP: Tdap: Refs:

VSys: Email: Background Check: Input: Clear:

Dallas Frisco Reviewed: _____ Assigned to: _____

ADULT VOLUNTEER APPLICATION (Ages 18+)

Applications will not be accepted without proof of immunizations & references

PERSONAL INFORMATION:

Title: _____ Last Name: _____ First Name: _____ 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.

Dallas Campus:
Day Program: Mon. Tues. Wed. Thurs. Fri.
8 a.m. to Noon Noon to 4 p.m.
Evening Program: Mon. Tues. Wed. Thurs.
Evening volunteering is 5:45 p.m. to 8:00 p.m.

Frisco Campus:
Day Program: Mon. Tues. Wed. Thurs. Fri.
8 a.m. to Noon Noon to 4 p.m.

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: _____
Are you completing service hours as a requirement for another organization(s)? YES NO # of hours needed: _____
Organization(s) requesting hours? _____ Due Date: _____

For Office Use Only: Called for interview: _____ Invited to orientation: _____
Interviewed on: _____ Attended orientation on: _____ Flu: TB: App made incomplete: (Letter Mailed)

INTEREST (Continued):

Other current/previous volunteer experience (organization & # of years): _____

Organizational/Community activities: _____

Skills/special interests: _____

Foreign Language Fluency? Spanish French Mandarin Other: _____

CRIMINAL BACKGROUND (Conviction will not necessarily disqualify volunteers):

Have you been ever been convicted of any crime other than a minor traffic violation? YES NO

If yes, please explain: _____

Have you ever been charged with child neglect, abuse or any crime involving a child? YES NO

ADDITIONAL ATTACHMENTS & REQUIREMENTS

Additional Attachments Incomplete applications will not be accepted.

- 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.
- Proof of immunity or immunization
 - Volunteers **born after 1956** must provide proof of immunity or immunization to **ALL** of the following:
 - **MMR #1 & #2** (Measles or Rubeola, Mumps and Rubella)- 2 shots totaling 1mL
 - **CHICKENPOX #1 & #2** – Proof of varicella vaccine (2 shots) or proof of disease from treating physician
 - **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:
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Additional Requirements The following are required annually – further information will be provided by a volunteer coordinator.

- Tuberculosis screening.** During Orientation, you will complete a TB screening. QFT's are administered at Scottish Rite, free of charge, or you may provide a recent copy (within 30 days) of a QFT Gold blood draw.
- Influenza Vaccination** is required during Flu Season, November-April. You must provide record of immunization annually. Flu shots are administered at Scottish Rite, if available, or you may bring a copy with you.

I understand that the information I have provided may be verified, if necessary, by contacting persons or organizations named in this application, or by contacting any person or organization that may have information concerning me. I hereby release and agree to hold harmless from liability any person or organization that provides information. I also agree to hold harmless Texas Scottish Rite Hospital for Children and its trustees, officers, employees and volunteers from liability for seeking or relying upon such information. Volunteer opportunities for qualified individuals are provided without regard to religion, creed, race, national origin, age, sex or disability status.

*I agree to adhere to the policies and procedures set forth by the Volunteer Program & Scottish Rite Hospital.
I understand that failure to meet the volunteer program policies may result in my dismissal.*

Signature: _____ Date: _____

Completed Applications:

In person at Monday – Thursday: 8 am to 6 pm **Mail:** Volunteer Services
Dallas Campus: Friday: 8 am to 4 pm Scottish Rite for Children
 2222 Welborn Street, Dallas, TX 75219

We do not accept applications by email or fax.

NEXT STEPS:

1. Confirmation Email will be sent to acknowledge receipt of application.
2. We will process your application, including a background check. Approximately 2-4 weeks.
3. A Volunteer Coordinator will reach out to you regarding the status of your application.

**THANK YOU
for applying!**

For Office Use Only: Additional Notes _____

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):

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.**



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.

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

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? _____

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

Additional Comments: _____

Signature: _____ Date: _____



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Additional Comments: _____

Signature: _____ Date: _____