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
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: __________________________男性 □ 女性 □

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:
    o MMR #1 & #2 (Measles or Rubeola, Mumps and Rubella)- 2 shots totaling 1mL
    o CHICKENPOX #1 & #2 – Proof of varicella vaccine (2 shots) or proof of disease from treating physician
    o 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:
    o TDAP (Tetanus, Diphtheria and Acellular Pertussis) – TDAP vaccinations must have been given within the last 10 years

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.

<table>
<thead>
<tr>
<th>Reference Name: ______________________________</th>
<th>Phone Number: ______________________________</th>
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<tbody>
<tr>
<td>Email Address: ______________________________</td>
<td>How long have you known the applicant? _____</td>
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<td>What is the nature of your relationship? ________________________________________________________________</td>
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<td>Describe the applicant's reliability and willingness to make a commitment to volunteering.</td>
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<tr>
<td>Do you know of any problem the applicant has that would affect his/her volunteering with children/youth?</td>
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<tr>
<td>Would you recommend the applicant for placement in a setting such as ours?</td>
<td>☐ Yes</td>
</tr>
<tr>
<td>If not, do you feel he/she may be more suited for another type of volunteer agency? ______________________</td>
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<td>______________________________________________________________________________________________</td>
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<tr>
<td>Would you entrust the care of your child to the applicant?</td>
<td>☐ Yes</td>
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<td>Additional Comments: ____________________________________________________________________________</td>
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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: _______________________________________________________________________________________

Reference Questionnaire
Adult Volunteer Application