



UNIVERSITY MEDICAL CENTER

OF EL PASO

Junior VOLUNTEER APPLICATION

Consent for Minor to Participate in Volunteer Activities

I (parent/legally authorized representative) _____ authorize _____, a minor, to participate in volunteer activities at University Medical Center of El Paso(UMC), as from time to time may be assigned by the Supervisor of Volunteer Services or the designated representative. I understand that the services of the minor named above are donated to the agency without exceptions of compensation or future employment, and given for humanitarian, religious or charitable reasons.

I release UMC and its employees from any claim or liability for any damages, injury or illness resulting to said minor, not occasioned by any fault or neglect on the part of the agency, while participating in such volunteer activities.

This authorization is given pursuant to the provisions of Chapter 51 of the Texas Labor Law and shall remain effective for the period of time my son or daughter is a volunteer at University Medical Center of El Paso.

Printed Name of Parent or Legally Authorized Representative

If legally authorized representative,
Relationship to minor

Signature of Parent or Legally Authorized Representative

Date

Consent to Perform a Pre-Placement Physical Assessment

I, _____, as parent and/or legally authorized representative of _____
(print name of parent/ legal guardian)

_____ authorize University Medical Center of El Paso to perform the following procedures
(print name of volunteer under 18 yrs. of age)

for purposes of volunteer work:

- 1.) Laboratory titers
- 2.) Tuberculosis skin test, if needed
- 3.) Radiology referral, if needed
- 4.) Immunizations, if needed

I understand that volunteer work is contingent on the successful completion of a pre-placement physical assessment. There is no charge for these services and they will become part of the UMC Volunteer Health Records.

Printed Name of Parent or Legally Authorized Representative

Signature of Parent or Legally Authorized Representative

Date



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Reference Form

The mission of the Volunteer Program is to support and enhance the services provided to patients, visitors, staff, and the community by the University Medical Center of El Paso. Our volunteers play a large role in delivering quality services by providing a variety of volunteer services. Our volunteers must possess self-motivation and maturity. We appreciate your completing this form so that we may make a decision on the applicant's ability to fulfill the responsibilities involved in our volunteer program.

Applicant's Name _____

How long have you known the applicant? _____

In what capacity have you known the applicant? _____

Please evaluate the applicant in the following areas:

	Outstanding	Good	Fair	Needs Improvement
1. Displays courtesy, tact, patience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Works well with a diverse population	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Exhibits interest and enthusiasm for a Volunteer position.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Accepts supervision in a positive way	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Seeks opportunity to improve and advance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Accepts responsibility and commitment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Is dependable and punctual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Would you recommend this person for a volunteer position at the University Medical Center of El Paso?

Additional comments may be written on the back.

Signature _____ Date _____

Printed name _____ Phone _____

After completing this form please fax it to 915-521-7975 or mail it directly to the following address:

University Medical Center of El Paso - Volunteer Services
4815 Alameda
El Paso, Texas 79905

If phone reference, Supervisor of Volunteer Services or Volunteer Services Secretary must sign here:

Name _____ Date _____

Adapted 9/03