



13. Organizational or community activities: \_\_\_\_\_

14. How did you learn of Texas Scottish Rite Hospital's Volunteer Program? \_\_\_\_\_

Reason for wanting to volunteer \_\_\_\_\_

Are service hours for agency/service project or other? \_\_\_\_\_ If answer is yes, please give agency/service project or other \_\_\_\_\_

How many hours are required for service? \_\_\_\_\_ Completion Date: \_\_\_\_\_

15. Limitations related to health: \_\_\_\_\_

16. In case of emergency, contact: (Mr./Mrs./Ms.) \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Business Phone: ( ) \_\_\_\_\_

Relationship to you \_\_\_\_\_

17. **Volunteers born after 1956 must attach proof of immunity to Rubeola, Rubella, and Mumps to this application. Application will not be processed without this information.**

18. **Have you had chickenpox?** \_\_\_\_\_ Yes \_\_\_\_\_ No. **If NO, have you had the varicella vaccine?** Yes \_\_\_\_\_ No \_\_\_\_\_  
**If NO, please be sure to report ANY exposure to chickenpox.**

19. **Volunteers must have TB test.** A test will be available at no charge at Orientation or you may bring a recent (within 90 days) test from your doctor. Volunteers will be screened for TB annually.

20. Please ***PRINT*** three personal references (**NO RELATIVES**):

**Reference letters will be sent to those listed below. When we have received the responses, a personal interview will be arranged at your earliest convenience. Please list complete names and addresses:**

(Mr/Mrs/Ms) \_\_\_\_\_  
(name) (address) (city) (state) (zip code)

(Mr/Mrs/Ms) \_\_\_\_\_  
(name) (address) (city) (state) (zip code)

(Mr/Mrs/Ms) \_\_\_\_\_  
(name) (address) (city) (state) (zip code)

21. 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.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Volunteer opportunities for qualified individuals are provided without regard to religion, creed, race, national origin, age, sex or disability status.

