



13. Indicate skills/special interests: \_\_\_\_\_

\_\_\_\_\_ Foreign Languages (fluency?) \_\_\_\_\_

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

15. How did you learn about the Volunteer Programs at Texas Scottish Rite Hospital for Children? \_\_\_\_\_

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

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

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

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

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

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_

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

17. Volunteers born after 1956 must attach proof of immunity or immunization to Rubeola, Rubella, Mumps (MMR) and Chickenpox to this application. **Applications will not be accepted without this information.**

If you have not received the varicella vaccine (chickenpox), have you had chickenpox? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please provide your age and the date of the illness: \_\_\_\_\_ Age \_\_\_\_\_ Date \_\_\_\_\_

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

19. 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)

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

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

20. 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.

**Completed applications may be dropped off at Texas Scottish Rite Hospital for Children or mailed to  
2222 Welborn Street, Dallas, Texas 75219, Attn: Volunteer Services**

