

Group Application Form

THE UNIVERSITY OF TEXAS HARRIS COUNTY PSYCHIATRIC CENTER GROUP VOLUNTEER APPLICATION

PRINT AND MAIL THIS APPLICATION TO:
The University of Texas Harris County Psychiatric Center
Volunteer Services
2800 South MacGregor Way
Houston, Texas 77021

Date: _____

Name of Group _____

Coordinator's Name: _____ Date of Birth: _____

Social Security Number: _____

Address: _____

Coordinator's Telephone – home: _____ Business: _____

Special skills and/or Interests: _____

Languages Spoken Within Group: _____

Referred to UTHCPC by _____

Why is your group interested in volunteering at UTHCPC? _____

Number of members in your group interested in volunteering _____

On a separate sheet, please list all names, dates of birth and social security number of those interested in Volunteering.

President/Pastor of Group's Name _____

Group's Address/Church Address _____

We are available to volunteer: Morning _____ Afternoon _____ Evening _____

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Days/Times we can volunteer: Monday _____ Tuesday _____ Wednesday _____ Thursday _____

Friday _____ Saturday _____ Sunday _____

Special Occasion Volunteering: Halloween _____ Thanksgiving _____ Christmas _____ Valentine's Day _____

Easter _____ Memorial Day _____ July 4 _____ Back To School _____ Other _____

Would you sponsor a unit/patient party on the above dates? _____ Which holidays? _____

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Groups interested in sponsoring a donor drive are also welcome. All donations are tax deductible and much appreciated by UTHCPC's patients. One hundred percent of all funds and donated items go directly to patient use.

Our group can donate: Clothes _____ holiday candy/snacks _____ toys _____ stuffed animals _____ toiletries _____
Books _____ Magazines _____ Money for supplies _____ Other _____

A criminal background must be completed and passed before you can volunteer at UT HCPC.

Pre-Volunteering Disclosure and Release Application

Date: _____
Applicant's Full Name: _____
Current Address: _____
City: _____ State: _____ Zip Code: _____
Social Security Number: _____ Driver's license Number: _____
Date of Birth: _____

The individuals listed on my application may be contacted as personal references:
_____ Yes _____ No

I am required to report volunteer time to an agency: _____ Yes _____ No
Agency Name: _____

I understand that these investigative background inquiries may include criminal, driving, prior employment and other reports. Further, I understand that UT-Harris County Psychiatric Center and the University of Texas (UT) Police may be requesting information from various federal, state or other agencies which maintain records concerning my past activities in relations to my driving, criminal, civil and other experiences.

I hereby authorize, without reservation, any party or agency contacted by UT-Houston Harris County Psychiatric Center and/or the University of Texas Police Department or any other police agency to furnish the above-mentioned information. I further release all agents and employees of the UT-Houston Harris County Psychiatric Center, the person/persons of such police agencies or departments from all liability resulting from the furnishing of this information to the UT-Houston Harris County Psychiatric Center.

I further understand that all information received will be kept confidential. Only the University of Texas Police Department, the UT-Houston Harris County Psychiatric center and the Department of Public Safety (DPS) will have access to the files, and neither I, nor any other individual except by court order, will be allowed to see the information in these files for any reason.

I understand the information obtained will be used for acceptance or denial for the volunteer program. I, also understand that if after review of this information, the UT Police, HCPC or DPS determines that I represent a risk to the institution, I will be deemed unsuitable for a volunteer position and will be separated or removed from consideration.

The authorization granted herein expires one year from the date hereof.

I have read and understand the above information, and assert that all information provided me is true and accurate.

Applicant's Signature: _____ Date: _____