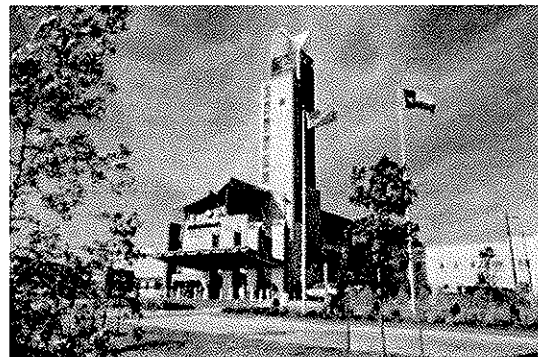




*Delivering Care,
Saving Lives,
and Helping Others*

Volunteer Services Membership Application

Volunteer Services @ DCMC
4900 Mueller Blvd
Austin, TX 78723
Phone: 512-324-0161
www.delchildrens.net



Our Mission

Our mission inspires us to care for and improve the health of those we serve with a special concern for the poor and the vulnerable. We are called to be a sign of God's unconditional love for all and believe that all persons by their creation are endowed with dignity. Seton continues the catholic tradition of service established by our founders: Vincent de Paul, Louis de Marillac and Elizabeth Ann Seton.



Dear Prospective Dell Children's Medical Center College Volunteer,

Dell Children's Medical Center of Central Texas invites all college students, 18 years and older to participate in our College Volunteer Program. In addition to making a difference in the community, students will have the opportunity to gain valuable experience through volunteering. College volunteers work in many exciting areas throughout the hospital. No matter where you volunteer, you will be making an enormous impact on the families, patients and staff of Dell Children's Medical Center. We look forward having you as part of the volunteer team!

New college volunteers spend their semester volunteering in one of our wonderful Guest Relations areas (see job descriptions) so that you can become acclimated to the hospital environment and assist us in filling these high priority volunteer placements. After your initial assignment and completion of a full semester commitment, continuing volunteers have the opportunity to continue in a Guest Relations area or chose from a variety of different service areas.

Open enrollment for spring 2012 semester will begin December 5th through December 21st, 2011.

All applications must be received no later than December 21st, 2011 to be eligible for consideration for the spring 2012 semester! All applications must be submitted with all required documentation in order to be considered.

***No late applications will be considered after the closing date.

Thank you for your interest in our program and we look forward to meet you!

Requirements for College Volunteers:

- Submit your completed application packet (see below for details) by December 21st, 2011 deadline for **Spring 2012 semester**
- Commit to volunteer once a week for a 3-4 hour shift during the duration of the semester.
- Complete general hospital orientation prior to your first day of volunteering with the Volunteer Services office. **You will be notified via email once accepted with the logistics of the orientation.**
- Consent to a criminal background check (CBC) provided by the Texas Department of Public Safety for a \$5.00 fee (**non-refundable**). **Please enclose fee with your application.** Checks may be made payable to: DCMC Volunteer Services.

- Receive a yearly TB skin test provided through Seton Employee Health or your personal physician.
- Purchase a DCMC Volunteer shirt which can be purchased for \$15 at the Volunteer Office. Checks may be made payable to: DCMC Volunteer Services.
- Purchase a SETON photo ID badge; the badge is issued by the Security Office (\$5 refundable deposit required to the badge office)

Please include the following items in your application packet:

1. A completed application (download attached form)
2. Proof of immunizations for mumps, measles and rubella. (Your college or university Health Service Center can provide you with these records)
3. A letter of recommendation from a professor, coach, employer, supervisor or counselor/advisor. Recommendations must be written as a letter to the attention of the Dell Children's Medical Center Volunteer Department.
4. **One of the following** documents:
 - An unofficial transcript from the previous semester
 - A grade report
 - A class schedule for the upcoming semester
5. A \$5 check (made out to DCMC Volunteer Services) or money order to cover the cost of a Criminal Background Check (non-refundable).

We will not accept incomplete packets. We will, however, accept the letter of recommendation separately if necessary.

Send packet addressed to:

**Dell Children's Medical Center
Volunteer Services
4900 Mueller Blvd.
Austin, Texas 78723**

Volunteers offer invaluable support, enthusiasm and encouragement to the patients, families and staff of Dell Children's Medical Center. We are so excited that you have decided to apply to be a part of this phenomenal group of volunteers!

Sincerely,

Marilyn Bostick
Sr. Director of Volunteer Services

www.dellchildrens.net/volunteer/

12/02/11



Dell Children's Medical Center of Central Texas

College Volunteer Application

SPRING SEMESTER 2012

Date _____

First Name _____ Middle Initial _____ Last Name _____

Local Mailing Address _____ City _____ State _____ Zip _____

Local Home Phone Number _____ Cell Phone Number _____

E-mail Address ***Required** _____ Date of Birth _____

University or college you are currently attending: _____

School Classification: _____

College Major: _____

Are you volunteering to fulfill a class requirement? ___ Yes ___ No if so, which class? _____

Will you be applying to a professional school in the future? ___ Yes ___ No

If so, in which field: _____

Please indicate your first, second and third choice of volunteer placement.

 First Choice Second Choice Third Choice

Please indicate all of the days and times you are available to volunteer.

Morning

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday
- Saturday
- Sunday

Afternoon

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday
- Saturday
- Sunday

Evening

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday
- Saturday
- Sunday

EXPERIENCE

Work Experience/Dates

Volunteer Experience/Dates

Campus Organizations and Awards/Dates

ESSAY

Why do you want to volunteer at Dell Children's Medical Center of Central Texas?

All of the information provided in this application is true to the best of my knowledge.

Signed: _____

Date: _____

Dell Children's Medical Center of Central Texas Criminal Background Check Policy

POLICY

Out of concern for the well-being and safety of the children and families we serve, Dell Children's Medical Center of Central Texas performs criminal background checks on adult volunteers. Dell Children's Medical Center of Central Texas deems it necessary and advisable as a matter of policy to reserve the right to disqualify and prohibit any person from serving as a volunteer, including one who has been arrested for, convicted of, been on probation for, or received deferred adjudication for any criminal conduct..

The right to disqualify applies to any criminal conduct regardless of whether (a) the criminal charges were subsequently dropped and the applicant was never prosecuted for the crime charged, or (b) the criminal charges resulted in a non-conviction such as probation, or (c) the criminal conviction was subsequently expunged from the applicant's record as the result of appropriate legal proceedings.

PROCEDURES

In order to screen prospective volunteers to identify those who have engaged in criminal conduct, Dell Children's Medical Center of Central Texas adopts the following procedure:

- a) Application: Each volunteer is required to fill out an application.
- b) Personal Interview: Each prospective volunteer will undergo an interview with appropriate staff or a Board Member of the Dell Children's Medical Center of Central Texas Volunteers when deemed necessary by the volunteer services department.
- c) Criminal Background Checks: Each prospective volunteer will give written consent for a criminal background check, conducted by the Volunteer Department of Dell Children's Medical Center of Central Texas. The form of authorization will be that prescribed by the Volunteer Department.
- d) Grievance Process: If a prospective volunteer is disqualified from employment or placement with Dell Children's Medical Center of Central Texas based upon information received, and, if upon reviewing that information the person feels that the information is wrong or it is not his or her record, the person may request a fingerprint check from the Department of Public Safety as a method of positive identification unless the person can prove by other means that he or she is not the person indicated on the criminal record. An individual may view the disputed criminal history transcript, but may not have a copy of it.

COMPLIANCE WITH REQUIREMENTS

Dell Children's Medical Center of Central Texas will comply with the requirements of the Criminal Information Act, including the destruction of criminal history record information promptly after the determination of the suitability of the volunteer.

Consent for Criminal Background History Check

I hereby give permission for Dell Children's Medical Center of Central Texas to obtain information relating to my criminal history record through the Texas Department of Public Safety. The criminal history record, as received from the reporting agencies, may include arrest and conviction data as well as plea bargains and deferred adjudication. I understand that this information will be used, in part, to determine my eligibility for an employment/volunteer position with this organization. I also understand that as long as I remain an employee or volunteer here, the criminal history records check may be repeated at any time. I understand that I will have an opportunity to review the criminal history and a procedure is available for clarification, if I dispute the record as received.

I, the undersigned, do, for myself, my heirs, executors and administrators, hereby remise, release and forever discharge and agree to indemnify the Dell Children's Medical Center of Central Texas, and each of their officers, directors, employees, and agents harmless from and against any and all causes of action, suits, liabilities, costs, debts, and sums of money, claims and demands whatsoever, and any and all related attorneys' fees, court costs, and other expenses resulting from the investigation of my background in connection with my application to become a volunteer/staff member.

Applicant's Signature

Date

Please Print Name

**Dell Children's Medical Center of Central Texas
Volunteer Criminal History Records Check Statement**

***Please send a check for \$5.00 or money order made out to DCMC Volunteer Services with the application for this background check (non-refundable).**

Thank you.

Full Name: _____
 First Name Middle Initial Last Name

Sex: (please check) Male _____ Female _____

Date of Birth: ____/____/_____
 Month Day Year

Social Security Number: _____

Have you ever been convicted of a crime and are there any legal charges pending against you? _____yes _____no

If yes, please explain:

The signature represents my current legal name and any previously used names are listed below.

Additional Names: _____

Signature of Applicant

Date

DPS Computerized Criminal History (CCH) Verification

(AGENCY COPY)

I, _____, have been notified that a computerized
APPLICANT or EMPLOYEE NAME (Please print)

criminal history (CCH) verification check will be performed by accessing the Texas Department of Public Safety Secure Website and will be based on name and DOB information I supply.

Because the name based information is not an exact search and only fingerprint record searches represent true identification to criminal history, the organization (as listed below) conducting the criminal history check is not allowed to discuss any information obtained using this method, therefore the agency may offer the opportunity to have a fingerprint search performed to clear any misidentification based on the name search, if the search provides a criminal report I know could not be mine.

For the fingerprinting process I will be required to submit a full and complete set of my fingerprints for analysis through the Texas Department of Public Safety AFIS (automated fingerprint identification system). I have been made aware that in order to complete this process I must have the correct fingerprinting (FAST) form from this agency, make an online appointment, submit a full and complete set of my fingerprints, and pay a fee of \$9.95 to the fingerprinting services company, LIEnrollment Services.

Once this process is completed and the agency receives the data from DPS, the information on my fingerprint criminal history record may be discussed with me.

(This copy must remain on file by your agency. Required for future DPS Audits)

 Signature of Applicant or Employee

 Date

 Agency Name (Please print)

 Agency Representative Name (Please print)

 Signature of Agency Representative

 Date

Please:			
Check and Initial each Applicable Space			
CCH Report Printed:			
YES _____	NO _____	_____	initial
Purpose of CCH: _____			
Hire _____	Not Hired _____	_____	initial
Date Printed: _____	_____	_____	initial
Destroyed Date: _____	_____	_____	initial
Retain in your files			