



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 can't wait to meet you!

**New college volunteers spend their semester volunteering in one of our wonderful Guest Relations areas (see job descriptions below) so that you can become acclimated to the hospital environment and assist us in filling these high priority volunteer placements.** After your initial assignment, continuing volunteers have the opportunity to continue in a Guest Relations area or chose from a variety of different service areas. 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 will begin to accept applications for Spring 2010 beginning December 7<sup>th</sup>, 2009.**

**All applications must be received by January 4<sup>th</sup>, 2010 to be eligible for consideration for the Spring 2010 Semester!** If the deadline has already passed, please call the Volunteer Office at (512) 324-0161 to determine if volunteer placements are still available. \*Late applications will be considered **ONLY** on an as-needed basis.

Thank you for your interest in our program. We can't wait to meet you!

**Requirements for College Volunteers:**

- Submit your completed application packet (see below for details) by January 4<sup>th</sup> 2010 deadline for **Spring 2010 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. **Date to be announced.**
- Consent to a criminal background check (CBC) provided by the Texas Department of Public Safety for a \$5.00 fee. **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 and allows free parking on-site (\$5 refundable deposit required)

**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) or money order to cover the cost of a Criminal Background Check.

**We will not accept incomplete packets.** We will, however, accept the letter of recommendation separately if necessary. **Please allow 10 business days for process to be completed.**

**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  
Director of Volunteer Services

[www.dellchildrens.net/volunteer/](http://www.dellchildrens.net/volunteer/)

12/11/09



# Dell Children's Medical Center of Central Texas College Volunteer Application SPRING SEMESTER 2010

Date \_\_\_\_\_

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First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_

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Local Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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Local Home Phone Number \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

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Permanent Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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Permanent Home Phone Number \_\_\_\_\_ E-mail Address \*Required \_\_\_\_\_

**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*

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*Volunteer Experience/Dates*

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*Campus Organizations and Awards/Dates*

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**ESSAY**

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

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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.

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Applicant's Signature

Date

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Please Print Name

