TEXAS Health and Human Services

Volunteer and Community Engagement

Volunteer/Intern Application

Form 8653
February 2012

Thank you for your interest in volunteering with the Texas Health and Human Services (HHS).

Basic Volunteer Information ☐ **Individual Volunteer** ☐ **Volunteer Group** ☐ **Intern**

Name (Last, First, MI)	Home Area Code and Telephone No.	Work Area Code and Telephone No.
List all names you have ever used:		Cellular Area Code and Telephone No.

☐ I affirm that every name I have ever used is listed above.

Address	City	County	State	ZIP

Date of Birth	Sex	Email Address
	☐ Male ☐ Female	

Employer

If you are a current HHS employee:

Current Work Site	*Current Assignment*	*Supervisor's Name*	*Supervisor's Telephone No.*

I'm volunteering as:

☐ An individual

☐ A group Type of Group:

☐ Corporate ☐ Faith-Based ☐ Family ☐ Civic ☐ Government Agency ☐ Nonprofit Agency ☐ Youth Organization

Name of Group	Number of members in my group:
	☐ 1-10 ☐ 11-20 ☐ 21-30 ☐ 31-40 ☐ More than 40

Will you be hosting: ☐ A one-time visit ☐ Multiple visits

How did you hear about us?

☐ Friend ☐ Organization ☐ Publication ☐ Website (Name of Website) _____ ☐ Other _____

Volunteer Interest/Background

I would like to volunteer at:

☐ HHS Headquarters

☐ Don't Know – Please Call Me

☐ State Supported Living Center (select state supported living center below)

☐ Community Services

☐ Nursing Home and Assisted Living Facility

Please select the state supported living center where you would like to volunteer.

☐ Abilene State Supported Living Center
☐ Austin State Supported Living Center
☐ Brenham State Supported Living Center
☐ Corpus Christi State Supported Living Center
☐ Denton State Supported Living Center
☐ El Paso State Supported Living Center
☐ Lubbock State Supported Living Center
☐ Lufkin State Supported Living Center
☐ Mexia State Supported Living Center
☐ Richmond State Supported Living Center
☐ San Angelo State Supported Living Center
☐ San Antonio State Supported Living Center

Nursing Home and Assisted Living Volunteers, Stop Here.

If you are volunteering at a state supported living center or Community Services field office, please continue below.

Have you ever volunteered before? If yes, explain.

☐ Yes ☐ No

Bilingual? If yes, what languages?

☐ Yes ☐ No

Skills/interests you would like to use:

Date Available to Start	Check Days Desired to Volunteer
	☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday ☐ Sunday ☐ AM ☐ PM

Volunteer Placement

Assignment Preference

☐ Contact with HHS Clients ☐ Office Work ☐ Special Events ☐ Fundraisers

☐ Other:

Are you receiving class credits for this volunteer assignment? ☐ Yes ☐ No	Name of School	Teacher/Professor Name

Internship in what field of study:

Have you been convicted of any type of criminal offense?

☐ Yes ☐ No

Have you been designated in the Nurse Aide Registry or Employee Misconduct Registry as having abused, neglected or exploited a resident or consumer?

☐ Yes ☐ No

Judicial Court Assignment ☐ Yes ☐ No	Which Court?	Number of Hours Required by Court	Deadline

Probation Officer's Name	Area Code and Telephone No.

Emergency Contact

Name	Relationship	Day Telephone No.	Evening Telephone No.

Confidentiality Statement

I agree to respect the confidential nature of all personal contact with individuals served by HHS and adhere to all laws, rules, policies and procedures pertaining to confidentiality regarding all records, files and identifying information of individuals, former or potential, with whom I come into contact as a volunteer. I understand violation of this confidentiality requirement can result in immediate dismissal from my volunteer assignment.

Affirmation

By my signature, I adhere to all departmental rules, policies and procedures pertaining to my volunteer placement. Access to a copy of the Volunteer Procedure Manual will be provided to me during orientation. I understand that I must complete all required orientation and placement-specific training outlined by the Volunteer Assignment Description. I affirm that the information on this application is accurate to the best of my knowledge.

_____ _____

Signature Date

Notes/Accommodations:

Community Services Field Office Volunteers, Stop Here.

Additional Information Needed for ICF/ID (State Supported Living Center) Volunteers Only:

Providing Transportation for Residents

Are you willing to transport residents/others? ..... ☐ Yes ☐ No

An examination of your driving history record will be made before you are allowed to transport residents/others and HHS will determine whether you are allowed to do so. Proof of current minimum liability coverage required by the State of Texas, a certificate for a defensive driving course taken within the past three years and a copy of the current Texas driver license must be provided.

Security Statement

Are you currently employed or have you ever been employed at HHS, a state hospital, community center or legacy ICF/ID (state supported living center)?..... ☐ Yes ☐ No

HHS conducts a criminal background check, a Nurse Aide Registry check and an Employee Misconduct Registry check on each volunteer applicant. HHS is required to conduct fingerprint criminal history background checks on volunteers who will have direct contact with residents.

If your criminal history record indicates that you have been convicted of any criminal offense or granted deferred adjudication or other type of pretrial diversion that would cause HHS to deny placement, the placement will not be made.

With a few exceptions, you have the right to request and be informed about the information that the HHS obtains about you. You are entitled to receive and review the information upon request. You also have the right to ask HHS to correct information that is determined to be incorrect. (Government Code, Sections 552.021, 552.023, 559.004.)

Signature _____ Date _____