



What means of transportation will get you to and from the Health Sciences Center El Paso?

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Have you ever been convicted of a crime other than a traffic ticket? \_\_\_\_\_ If yes, please explain.

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**Personal References:** List names & phone numbers of two adults (not relatives) whom you know well.

1. \_\_\_\_\_ Telephone \_\_\_\_\_
2. \_\_\_\_\_ Telephone \_\_\_\_\_

Are you related to any member of the Board of Regents, Faculty, or Staff of TTUHSCEP? \_\_\_\_\_  
If yes, give name & relationship. \_\_\_\_\_

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**Medical Information**

Are you taking any medication of which TTUHSCEP should be aware? \_\_\_\_\_ If yes, please identify. \_\_\_\_\_

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Do you have any health considerations preventing you from doing certain types of work? \_\_\_\_\_  
If yes, please explain. \_\_\_\_\_

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In case of sudden illness or emergency notify:

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(Name)	(Relationship)	(Telephone)
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**Medical Reference:** List your primary physician that may be contacted if necessary.

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(Physician)	(Address)	(Telephone)
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The information given above is complete and correct to the best of my knowledge. I understand that the individuals listed above may be contacted for references. I understand that I am applying for a volunteer position.

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Signature _____	Date _____
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Parent/Guardian Signature _____	Date _____
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<b>FOR OFFICE USE ONLY</b> <b>FOR OFFICE USE ONLY</b>	
INTERVIEW DATE _____	RESUME _____ PHOTO ID _____
ORIENTATION DATE _____	BY: _____ TOUR _____ DEPARTMENT CHECKLIST_ID BADGE _____
_____ IMMUNIZATION DATE _____	UNIFORM _____
VOLUNTEER AGREEMENT _____	CONFIDENTIALITY _____ HIPPA/IT DATE _____
SAFETY TRAINING DATE _____	LAB TRAINING DATE _____ RADIATION TRAINING DATE _____ PARKING _____
_____ LICENSE PLATE # _____	MAKE _____ MODEL _____ COLOR _____ YEAR _____
START DATE _____	JOB DESCRIPTION _____ DEPARTMENT _____
SUPERVISOR _____	DAY & TIME _____
EVALUATION _____	END DATE _____ BADGE RETURNED _____ UNIFORM RETURNED _____ EXIT INTERVIEW _____