TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER EL PASO

Operating Policy and Procedure

HSCEP: 10.28, Volunteers

PURPOSE: The purpose of this Texas Tech University Health Sciences Center El Paso Operating Policy is to establish requirements for individuals who provide volunteer services at Texas Tech University Health Sciences Center El Paso (TTUHSC EP).

REVIEW: This HSCEP OP will be reviewed on or before November 1 of each odd numbered year (ONY) by the Executive Director, Vice President of Human Resources, the Institutional Compliance Officer, and the Associate General Counsel, with recommendations for substantial revision submitted to the President by January 1 for approval.

POLICY/PROCEDURE:

1. Definitions.
   a. TTUHSC EP Volunteers. TTUHSC EP Volunteers are uncompensated individuals who perform services directly related to the business of TTUHSC EP, support the activities of TTUHSC EP or gain experience in specific endeavors at TTUHSC EP. All volunteer opportunities must be entered into without promise or expectation of compensation, future employment or other tangible benefit. TTUHSC EP Volunteers include visiting professors, researchers and/or medical personnel who are not employed by, or do not have faculty appointments at, TTUHSC EP. Volunteers also include children of faculty or staff performing services on behalf of TTUHSC EP. For purposes of compliance under the privacy provisions of the Health Insurance Portability and Accountability Act, TTUHSC EP Volunteers are part of the TTUHSC EP workforce, but are not considered employees for any purpose and are not covered by the Fair Labor Standards Act. As a result of this volunteer association with TTUHSC EP, they are not eligible for any TTUHSC EP benefits and are not covered by or eligible for Workers' Compensation. All TTUHSC EP Volunteers must be at least 14 years of age.
   For purposes of this policy, TTUHSC EP Volunteers do not include the following (this is not an exhaustive list):
   1) Individuals acting as members of officially-sanctioned university support organizations;
   2) Individuals who are enrolled as students at TTUHSC EP or are accepted into a residency program at TTUHSC EP for the purpose of providing services to meet course requirements or to earn course credit;
   3) Individuals who are enrolled in academic programs at TTUHSC EP who are participating in activities as part of their TTUHSC EP course curriculum;
   4) Students from other institutions of secondary or higher education that are participating as a part of an officially sanctioned educational agreement with
TTUHSCEP, or are engaged in an educational tour conducted by TTUHSCEP staff;

1 This policy does not apply to individuals providing limited educational services, such as conference presenters or guest lecturers outside the laboratory setting.

5) Individuals who are visiting fellows;

6) Individuals who seek unpaid academic or research faculty appointments at TTUHSCEP;

7) Individuals who serve on TTUHSCEP Committees as a community representative members.

To determine whether an individual should be classified as a TTUHSCEP Volunteer, one may contact the Volunteer Manager for the School and/or campus involved.

b. Volunteer Manager. The Volunteer Manager is the individual responsible for selecting, managing, registering and overseeing TTUHSCEP Volunteers in accordance with this policy. Each School and/or Regional Campus/Academic Center shall designate an individual as the Volunteer Manager for the School or Regional Campus/Academic Center.

c. Volunteer Supervisor. The Volunteer Supervisor is the faculty or staff member identified by the School/Department to receive the volunteer services. The Volunteer Supervisor is responsible for supervising TTUHSCEP Volunteers who provide the volunteer service. A Volunteer Supervisor may supervise more than one Volunteer at any given time. To the same extent, one Volunteer may be supervised by more than one faculty or staff member.

2. Selection and Registration of TTUHSCEP Volunteers.

a. Authority to Select and Register TTUHSCEP Volunteers. All TTUHSC Volunteers must be processed and registered by the Volunteer Manager at the Regional Location where the TTUHSCEP Volunteers will be providing volunteer services. Faculty and staff DO NOT HAVE THE AUTHORITY to engage or take on Volunteers in the department without first going through the appropriate Volunteer Manager at the Regional location. Failure to comply with this policy may result in disciplinary action and/or personal liability.

b. Eligibility Requirements of TTUHSCEP Volunteers. Persons 14 years or older, including retired employees, students, alumni, and others may apply to provide volunteer services to TTUHSCEP. Volunteers must offer their services without any promise, expectation or receipt of compensation for services or future employment.

c. Foreign nationals must have a non-immigrant visa or evidence of lawful presence in the USA in order to engage in volunteer activities. TTUHSC EP’s Immigration Office will review visa status and lawful presence at the request of the Volunteer Manager or Director.

1) Foreign nationals and non-immigrant visa holders may only accept reimbursement for actual expenses and may not be paid reasonable benefits or a nominal fee, as this may be considered performing services for compensation and be considered employment;

2) Foreign nationals and non-immigrant visa holders are not allowed to ‘temporarily’ volunteer in a position in which they were previously employed, or will be employed by
3) If a foreign national's volunteer activity is expected to last for more than 90 days, TTUHSC’s Immigration Office must be contacted.

c.d. Ineligibility as TTUHSC EP Volunteers. The following individuals may not volunteer services to, or on behalf of, TTUHSC EP:

1) Individuals who have been dismissed previously for cause from employment at TTUHSC EP;

2) TTUHSC EP employees whose employment is essentially the same as, or is similar to, their regular work at TTUHSC EP; and

3) Foreign nationals who require an export license where the volunteer services involve access to exported controlled information or equipment.

3.4) Any individual listed on the Office of Foreign Assets Control's Specially Designated Nationals and Blocked Persons list.

d.e. Observers/Shadowing. In the absence of a School/campus policy, this policy shall apply to individuals identified by a department or TTUHSC EP health care provider for persons who observe or shadow a TTUHSC EP health care provider in a TTUHSC EP clinic. Those who observe or shadow a health care provider are prohibited from patient care services. Nothing in this policy prohibits a School/campus from establishing a separate, written process/procedure for individuals who wish to observe or shadow health care providers provided that individuals who observe or shadow a health care provider shall not provide patient care services, and shall receive HIPAA privacy and appropriate safety training. (SOM Ambulatory Care Policies and Procedures 9.50G)

e.f. Animal Therapy Program. It is the purpose of the Animal Therapy Program at TTUHSC EP to provide positive benefit to the patients. Animal visitation can benefit patients and help to enable the patient to return to wellness. (SOM Ambulatory Care Policies and Procedures 9.50H) An individual seeking to provide Animal Therapy shall register with the campus Volunteer Manager or Director prior to bringing a therapy animal onto TTUHSC premises (Attachment G).

f.g. Students from Medical Schools not Accredited by the LCME. Medical students or physicians in training from unaccredited medical schools will not be permitted as observers/volunteers in any of the TTUHSC EP GME programs because of the heightened awareness of potential malpractice claims and violation of the Medical Practice Act and Licensure rules of the Texas Medical Board. Should programs wish to provide additional training and/or orientation prior to residents’ initial day of residency, the PFSOM GME pre-intern policy will be applicable. Individuals given approval under this operating policy to observe or shadow a health care provider shall not provide patient care services.

g.h. Application Process. A signed and dated Volunteer Application shall be submitted to the Volunteer Manager by each individual seeking to be a TTUHSC EP Volunteer.

1) Individuals who apply for a Volunteer position and who are 14 to 17 years of age shall complete a Volunteer Application for Teen Program – UNDER 18 (Attachment A). The Teen Program allows individuals who are 14 to 17 years of age to provide certain low-risk services (no access to electronic confidential information, hazardous/dangerous areas, or use of machinery, etc.)
2) Individuals who apply for a Volunteer position and who are 18 years of age or older, shall complete an Adult Volunteer Application (Attachment B).

h.i. Interview. The Volunteer Manager shall interview individuals applying for TTUHSCEP Volunteer positions. Interviews may be by phone or in person.

i. Sanction Check. The Volunteer Manager shall check individual applicants’ names against the Government Services Administration (GSA) Excluded Parties List System (EPLS) located at: https://www.sam.gov/portal/public/SAML, and the Office of Inspector General Exclusion List located at: https://exclusions.oig.hhs.gov/, and the Texas Exclusions Database at https://oig.hhsc.state.tx.us/oigportal2/exclusions. Individuals listed on either the GSA EPLS list, or the OIG list or Texas Exclusion list shall not be allowed to provide volunteer services to TTUHSCEP.

j. Notification. The Volunteer Manager shall notify the TTUHSCEP Volunteer applicants of their selection (or denial) as TTUHSCEP Volunteers.

k. Volunteer Agreement or Parental Consent. Once individuals have been approved to serve as TTUHSCEP Volunteers, the Volunteer Manager shall obtain the following documents:

1) Teen Volunteer Participation Authorization (minor consent form) (Attachment C) for individuals 14 to 17 years of age, signed by the volunteers and their parent/legal guardian;
2) Voluntary Service Agreement (Attachment D) signed by all Volunteers;
3) Confidentiality Agreement;
4) Background Check;
5) Safety Training; and
6) Appropriate Vaccinations

l.m. Change in Status from TTUHSCEP Volunteer to TTUHSCEP Employee. In the event of a change in status from a TTUHSCEP Volunteer to a paid position at any Texas government agency, including TTUHSCEP, no credit will be given to any former TTUHSCEP Volunteer for time spent in a volunteer status with respect to benefit or retirement programs.

3. Responsibilities of TTUHSCEP Volunteers.

a. TTUHSCEP Volunteers shall comply with all TTU System Regents’ Rules (http://www.texastech.edu/bor/rules.php), TTUHSCEP Operating Policies and Procedures (http://www.ttuhsc.edu/hsc/op/), and applicable federal and state laws and regulations that govern their conduct.

b. TTUHSCEP Volunteers shall not:

1) Violate confidentiality regarding protected health information, student information, research information, proprietary information, or other confidential activities in which they may be involved or possess;
2) Provide treatment or patient care services to patients including, but not limited to medical examinations, obtaining patient histories, performing procedures, witnessing documents, chaperoning patients, providing translation services, or participating in any decision concerning patient care, treatment or management;

3) Write orders or notes in patient charts; give oral health care orders for medical services or tests for patients;

4) Obtain patient consent for health care services;

5) Obtain human subjects’ consent;

6) Obligate TTUHSCEP financially or suggest or imply that they are acting with the authority TTUHSCEP.

c. Confidentiality. TTUHSCEP is a public institution of higher education that conducts research and provides education and health care services, and as such, is governed by federal and state laws regarding confidentiality of patient records, student records and financial records including, but not limited to, the Family Educational Rights and Privacy Act of 1974, the Health Insurance Portability and Accountability Act of 1996, and the Gramm- Leach Bliley Act of 1999. TTUHSCEP Volunteers shall sign a Confidentiality Agreement in accordance with HSC OP 92.09 agreeing to not access, discuss or disclose confidential information, including but not limited to, patient and/or student information without specific authorization. TTUHSCEP Volunteers who violate this confidentiality provision shall be immediately removed from the volunteer program.

d. TTUHSCEP Property. TTUHSCEP Volunteers are not authorized to have TTUHSCEP pagers, voice mail, travel privileges, cell phones, lap top computers or any other privileges associated with being a TTUHSCEP employee. TTUHSCEP e-mail access may only be granted if it is required as part of the service to TTUHSCEP.

4. Responsibilities of TTUHSCEP Volunteer Manager.

a. In-Take. Before TTUHSCEP Volunteers can begin providing services at TTUHSCEP, the following items must be completed.

1) Education and Training. The Volunteer Manager is responsible for ensuring TTUHSCEP Volunteers receive the following education/training:
   • General Volunteer orientation including, but not limited to, a description of the TTUHSCEP Volunteers’ duties and providing them a copy of this policy;
   • HIPAA Training;
   • Security Training, if applicable – HSCEP OP 52.02;
   • Training regarding the Health Surveillance Program for TTUHSCEP, Institutional Health & Infection Control Program - HSCEP OP 75.11;
   • Safety Training from TTUHSCEP Safety Services;
   • Employment Background Screening Policy - HSCEP OP 70.20;
   • Any other Training that may be required based on the volunteer services to be provided, which shall be determined by the Volunteer Manager.

2) Medical Surveillance. Pursuant to HSCEP OP 75.11, the Volunteer Manager shall notify Human Resources regarding TTUHSC Volunteers. They shall be responsible for providing clearance for each TTUHSCEP Volunteer to HSCEP OP 10.28.
the Volunteer Manager before volunteers are allowed to provide volunteer services for TTUHSC EP.

3) Documentation & Verification. The Volunteer Manager shall obtain written verification from TTUHSC EP Volunteers that they have completed the required education/training and received required testing and/or immunizations from the.

b. In Processing, The Volunteer Manager shall:

1) Provide the Volunteer Supervisor within the School or Department of the TTUHSC EP the names of Volunteers who will be providing volunteer services;

2) Provide TTUHSC EP Volunteers with the names of their Volunteer Supervisor, the start and completion dates (generally not to exceed one calendar year), goals and anticipated activities, and potential areas of security/confidentiality;

3) Process the TTUHSC EP Volunteer badge documentation for identification purposes only. This shall be done only after successful completion of required training as outlined in this policy.

4) Provide TTUHSC EP Safety Services the names of all TTUHSC EP Volunteers who will be providing services in TTUHSC EP laboratories.

c. Termination of TTUHSC EP Volunteer Services. Upon termination of TTUHSC EP Volunteers’ services, the Volunteer Manager shall:

1) Notify TTUHSC EP Safety Services of the date of termination for TTUHSC EP Volunteers providing services in laboratories; and

2) Make arrangements for ending services and terminating any privileges granted by TTUHSC EP (i.e., return of ID badge, parking);

d. Verification of Volunteer Hours. The Volunteer Manager shall document hours provided by TTUHSC EP Volunteers as reported by the Volunteers (in the manner determined by the Volunteer Manager). Time served as a Volunteer shall not be included in Visa applications for purposes of showing experience and/or employment history. Non-compliance with reporting of hours donated may be cause for dismissal from current and/or future volunteer assignments.

e. Retention of Volunteer Records. The Volunteer Manager shall retain all forms, educational and tracking materials pertaining to TTUHSC EP Volunteers for a period of at least three (3) years from the date TTUHSC EP Volunteers are no longer providing volunteer services to TTUHSC EP.

5. Responsibilities of the Volunteer Supervisor.

a. The Volunteer Supervisor shall complete and sign the Departmental Checklist (Attachment E), and return it to the Volunteer Manager. In addition, The Volunteer Supervisor shall provide the following information to TTUHSC EP Volunteers:

1) Orientation to the Department. This includes, but is not limited to:
   i. Functions of Department;
   ii. Relation of Department to other areas/departments;
iii. Department/Facility tour;
iv. Department Policy Manual, including infection control policies and procedures and other relevant policies;
v. Filing incident reports; and
vi. Any restrictions on eating, drinking or chewing gum.

2) Safety/Fire/Disaster Plan. This includes, but is not limited to the:
   i. Department’s role;
   ii. TTUHSCEP Volunteer’s role;
   iii. Location and use of fire extinguishers and fire alarm boxes; and
   iv. Evacuation routes and procedures to follow in case of an emergency

3) Access Rights. This includes, but is not limited to, access to information systems and access to controlled rooms or laboratories.

4) Specific Job Duties/Responsibilities of TTUHSCEP Volunteers; and

5) Additional training related to the area in which TTUHSCEP Volunteers will be providing services (i.e., working with equipment/hazardous substances).

b. Addition to Research Protocols. The TTUHSCEP Volunteer Supervisor is responsible for making sure that TTUHSCEP Volunteers on research projects are properly added to the protocol as approved by the appropriate research oversight committees (e.g., Institutional Review Board, Institutional Biosafety Committee, Institutional Animal Care and Use Committee, Radiation Safety Committee) BEFORE they are allowed to participate in the research activity.

c. Evaluations of the TTUHSCEP Volunteer. The TTUHSCEP Volunteer Supervisor shall provide ongoing informal evaluations of TTUHSCEP Volunteers for performance improvement. In addition, at least annually, the Volunteer Supervisor shall evaluate the Volunteers using the Volunteer Competency and Performance Evaluation (Attachment F). All Competency Evaluations shall be forward to the Volunteer Manager for the School/Regional campus. Any requests for Competency Evaluations or information regarding TTUHSCEP Volunteers, such as references, should be directed to the Volunteer Manager.

d. Termination. The TTUHSCEP Volunteer Supervisor shall notify the TTUHSCEP Volunteer Manager when TTUHSCEP Volunteers are no longer providing services to the School or Department. The Volunteer Supervisor is responsible for terminating any access privileges given to TTUHSCEP Volunteers, i.e. IT access; room access.

6. Separation or Termination of TTUHSCEP Volunteers.
TTUHSCEP Volunteers provide services at the sole discretion of the TTUHSCEP. TTUHSCEP Volunteers may, at any time and for whatever reason, and at its sole discretion, terminate TTUHSC Volunteers’ relationship with TTUHSCEP.

7. Right to Change Policy and/or Attachments
TTUHSCEP reserves the right to interpret, change, modify or rescind this policy in whole or in part at any time without the consent of employees, faculty or students.
ATTACHMENTS:
A. Volunteer Application for Minors
B. Adult Volunteer or Observer/Job Shadow Application
C. Volunteer Participation Authorization for Minors
D. Volunteer Service Agreement Release
E. Departmental Volunteer Orientation Checklist
F. Volunteer Competency and Performance Evaluation
G. Animal Therapy Program
# Volunteer Application for Minors

## Applicant Information
- **First, MI, Last:**
- **Street Address:**
- **City, State, Zip Code:**
- **Phone (###-###-####):**
- **Date of Birth (MM/DD/YYYY):**
- **Current Age:**
- **Email Address:**

## How did you hear about our Volunteer Program:

## Why do you want to volunteer at TTUHSCEP:

## Have you ever been convicted of a crime other than a traffic ticket? If yes, please explain:

## What means of transportation will get you to/from TTUHSCEP:

## Are you related to any member of the Texas Tech Board of Regents, Faculty, or Staff of TTUHSC EP:
- **Name/title of Relation (if applicable):**
- **Available Start Date (MM/DD/YYYY):**

## Personal Adult Reference #1 (Cannot be related)
- **First/Last Name:**
- **Phone (###-###-####):**
- **Email Address:**
- **How do you know this person:**

## Personal Adult Reference #2 (Cannot be related)
- **First/Last Name:**
- **Phone (###-###-####):**
- **Email Address:**
- **How do you know this person:**

## Parent/Legal Guardian Information
- **Primary Parent/Legal Guardian Name:**
  - **Address (if different from above):**
    - **Phone:**
    - **Employer:**
- **Secondary Parent/Legal Guardian Name:**
  - **Address (if different from above):**
    - **Phone:**
    - **Employer:**
### Experience, Skills & Organizations

<table>
<thead>
<tr>
<th>Work Experience:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Volunteer Experience:</td>
</tr>
<tr>
<td>Special Skills, Hobbies and/or Languages:</td>
</tr>
<tr>
<td>Current Organizations/Activities/Sports:</td>
</tr>
</tbody>
</table>

### Weekday Availability

<table>
<thead>
<tr>
<th>AM or PM</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
</tr>
</thead>
<tbody>
<tr>
<td>Morning</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Afternoon</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

To Be Completed by Volunteer Manager

---

**For Office Use Only**

INTERVIEW DATE _______ RESUME _______ PHOTO ID _______

ORIENTATION DATE _______ BY: _______ TOUR _______ DEPARTMENT CHECKLIST ID BADGE

________ IMMUNIZATION DATE _______ UNIFORM _______

VOLUNTEER AGREEMENT _______ CONFIDENTIALITY _______ HIPAA/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 _______
Volunteer Medical Information

1. Are you taking any medications which TTUHSC EP should be aware? If yes, please identify in the box below.

2. Do you have any limitations that would prevent you from performing certain types of volunteer work? If yes, please explain in the box below.

3. Emergency Contact (Parent or Legal Guardian). Please provide name, relationship and phone number(s) in the box below.

4. Emergency Contact (Physician or Preferred Hospital). Please provide name, address and phone number(s) in the box below.

SIGNATURE
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.

___________________________________        _______________________________       ___________
Full Name Printed                                                  Signature                                                         Date
## Applicant Information

<table>
<thead>
<tr>
<th>First, M.I., Last:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address:</td>
</tr>
<tr>
<td>City, State, Zip Code:</td>
</tr>
<tr>
<td>Phone (###-###-####):</td>
</tr>
<tr>
<td>Date of Birth (MM/DD/YYYY):</td>
</tr>
<tr>
<td>Email Address:</td>
</tr>
</tbody>
</table>

How did you hear about our Volunteer Program:

Are you currently in school?

If in school, please provide major and year:

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

Why do you want to serve as a TTUHSCEP volunteer or observer:

What means of transportation will get you to/from TTUHSCEP:

Are you related to any member of the Texas Tech Board of Regents, Faculty, or Staff of TTUHSCEP:

Name/title of Relation (if applicable):

Available Start Date (MM/DD/YYYY):

Are you willing to consent to a background check:

## Experience, Skills & Organizations

### Work Experience:

If currently employed provide your employer name, address and phone:

Volunteer or Observer/Job Shadow Experience:

Special Skills, Hobbies and/or Languages:

## Weekday Availability

<table>
<thead>
<tr>
<th>AM or PM</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
</tr>
</thead>
<tbody>
<tr>
<td>Morning</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Afternoon</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
REFERENCE #1 (Cannot be related)

Name: 
Company/Job Title: 
Phone (###-####-####): 
Email Address: 

REFERENCE #2 (Cannot be related)

Name: 
Company/Job Title: 
Phone (###-####-####): 
Email Address: 

REFERENCE #3 (Cannot be related)

Name: 
Company/Job Title: 
Phone (###-####-####): 
Email Address: 

-------------------------------------------------------------------------------------------------------------------
To Be Completed by Volunteer Manager
-------------------------------------------------------------------------------------------------------------------

FOR OFFICE USE ONLY

INTERVIEW DATE ___________ RESUME ___________ PHOTO ID ___________ or VISA EXPIRATION DATE ___________
ORIENTATION DATE ___________ BY: ___________ TOUR ___________ DEPARTMENT CHECKLIST ___________
ID BADGE ___________ IMMUNIZATION DATE ___________ UNIFORM ___________
VOLUNTEER AGREEMENT ___________ CONFIDENTIALITY ___________ HIPAA/IT DATE ___________
SAFETY TRAINING DATE ___________ LAB TRAINING DATE: ___________ PARKING ___________
START DATE ___________ VOLUNTEER ___________ DEPARTMENT ___________ SUPERVISOR ___________
OBSERVER ___________ PHYSICIAN ___________ DEPARTMENT ___________ SCHEDULE ___________
EVALUATION ___________ END DATE ___________ BADGE RETURNED ___________ UNIFORM RETURNED ___________ EXIT INTERVIEW ___________
Volunteer Medical Information

1. Are you taking any medications which TTUHSC EP should be aware? If yes, please identify in the box below.

2. Do you have any limitations that would prevent you from performing certain types of volunteer work? If yes, please explain in the box below.

3. Emergency Contact (Parent or Legal Guardian). Please provide name, relationship and phone number(s) in the box below.

4. Emergency Contact (Physician or Preferred Hospital). Please provide name, address and phone number(s) in the box below.

SIGNATURE

I certify the statements made by me in this application are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that any false statements made herein will void this application and any actions based on it.

I authorize TTUHSC EP to make any reference checks and to conduct a background check relating to my volunteer work with TTUHSC EP. I understand that my continual involvement with the Volunteer Services program is determined by institutional needs and objectives, adequate discharge of duties, and compliance with institutional department policies and procedures. I understand that the individuals listed above may be contacted for references. I understand that I am applying for a volunteer position.

__________________________________        _______________________________       ___________
Full Name Printed                                                       Signature                                          Date
Volunteer Participation Authorization for Minors

I, ________________________________________ as parent/guardian of  ______________________________, a minor, authorize such minor to participate in the Minor Volunteer Program of the Texas Tech University Health Sciences Center El Paso (TTUHSC EP) –as prescribed by the designated representative of the Office of Volunteer Services. My authorization includes allowing such minor to participate in any necessary instruction and to render the required number of service hours. I agree that the TTUHSC EP is not responsible for the illness or accidental injuries to such minor that occur during participation in the Minor Volunteer Program.

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT FOR MINOR

As parent/guardian of such minor, I certify that I have the power to consent to medical treatment of such minor. In my absence, I authorize physicians licensed under the provisions of the Texas Medical Practice Act on staff of the TTUHSC EP to render, secure, or consent to emergency medical treatment deemed necessary for the minor who, while participating in the Minor Volunteer Program, is on the premises of the Texas Tech University Health Sciences Center El Paso.

Parent/guardian printed Name  Parent/guardian Signature  Date
TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER AT EL PASO

VOLUNTEER SERVICE AGREEMENT
RELEASE, HOLD HARMLESS AND INDEMNIFICATION

I, ______________________________, (Volunteer) have chosen to participate as a volunteer for the Texas Tech University Health Sciences Center at El Paso (TTUHSC EP) Volunteer Program and agree to assume all risks and responsibilities for participating in the Volunteer Program. I will abide by all applicable TTUHSC EP policies, rules, regulations, and procedures and laws of the State of Texas.

As a volunteer, I understand that I am not insured under the TTUHSC EP Worker's Compensation or any other insurance program.

I agree to perform duties assigned to me without remuneration of any kind, and release TTUHSC EP and the State of Texas from any obligation for the payment of my services.

IN CONSIDERATION OF PARTICIPATING IN THE TTUHSC EP VOLUNTEER PROGRAM, ON BEHALF OF MYSELF, MY MINOR CHILD, MY REPRESENTATIVES, ESTATE, HEIRS, ASSIGNS AND NEXT OF KIN, I DO HEREBY RELEASE, ACQUIT, DISCHARGE, INDEMNIFY, AND AGREE TO HOLD HARMLESS TEXAS TECH UNIVERSITY SYSTEM, ITS BOARD OF REGENTS BOTH INDIVIDUALLY AND COLLECTIVELY, TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER, ITS OFFICERS, EMPLOYEES, AGENTS, AND REPRESENTATIVES (COLLECTIVELY "INDEMNITEES") FROM ANY AND ALL LIABILITY EVEN THAT CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE (WHETHER SOLE, JOINT OR CONCURRENT), GROSS NEGLIGENCE, STRICT LIABILITY OR OTHER LEGAL FAULT OF INDEMNITEES FROM ANY AND ALL CLAIMS, ACTIONS, DEMANDS OR SUITS OF ANY KIND OR CHARACTER EITHER BY COMMON LAW OR STATUTE, WHETHER NOW RECOGNIZED OR NOT, AND INCLUDING, BUT NOT LIMITED TO, ANY COSTS EXPENSES OR PENALTIES.

I have read this Release, Hold Harmless, and Indemnification Agreement and understand and voluntarily accept the terms. This Agreement shall be construed under the laws of the State of Texas and venue shall be in the state or federal courts of El Paso County.

I certify that I as a Volunteer I am over the age of 18, or as the Parent or Guardian of a Volunteer I am over the age of 18, and have knowingly and voluntarily signed this Agreement.

______________________________  __________________________
Signature of Applicant          Date

______________________________  __________________________
Signature of Parent/Guardian (for Minors only) Date

______________________________  __________________________
Witness                          Date

ATTACHMENT D
HSC OP 10.28
**Departmental Volunteer Orientation Checklist**

**Supervisor required to complete all departmental orientation for volunteer and return completed/signed checklist to the Human Resources Department/Volunteer Services**

<table>
<thead>
<tr>
<th>Discussion/Review Topic</th>
<th>Supervisor Initials</th>
<th>Volunteer Initials</th>
<th>Date Reviewed</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Departmental Organization Plan &amp; Objectives</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Department Functions &amp; Relation to other Areas/Departments</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Department Safety/Fire Disaster Plan:</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Department’s Role</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Volunteer’s Role</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Location/Use of Fire Extinguisher</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Location/Use of Fire Alarms/Boxes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. <strong>Evacuation Routes/Procedures</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Departmental Policy Manual:</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Basic Infection Control Policies</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Basic Infection Control Procedures for area/department</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Additional Policies, Procedures and Information:</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Volunteer Supervisor</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Reporting Absences</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Reporting Incidents</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Food/Drink/Breaks</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Smoke-free Campus</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Location of Supplies</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. HSCEP OP, departmental policies and Reference Manuals location</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Departmental Leadership &amp; Team Introductions</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Volunteer Placement and Specific Duties</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>IF APPLICABLE: Safety Training for Hazardous Materials, Equipment or Substances – Must Be Recorded with Safety Services and HR/Volunteer Office</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Tours:</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Department</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Campus (as applicable)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Offsite Campus Locations (as applicable)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. UMC/EPCH (as applicable)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

I was oriented to this department as noted above.

______________________________  __________________________  _______________
Volunteer Printed Name          Volunteer Signature          Date

______________________________  __________________________  _______________
Department

______________________________  __________________________  _______________
Supervisor Printed Name         Supervisor Signature       Date
Volunteer Competency and Performance Evaluation

**Supervisor required complete and review with the Volunteer. Upon completion of review, please sign and return to Human Resources at ElPasoHR@ttuhsc.edu **

<table>
<thead>
<tr>
<th>Skill Measured</th>
<th>Exceeds Expectations</th>
<th>Meets Expectations</th>
<th>Needs Improvement</th>
<th>Detail Needs Improvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dependable</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Punctual</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adheres to Dress Code</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accepts Responsibility for Assigned Tasks/Duties</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Work Quality and Productivity</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Works Well with Others</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accepts Feedback Positively</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adheres to Confidentiality</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Demonstrates Effective Customer Relations</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Demonstrates Effective Communication Skills (verbal/oral/written)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Demonstrates Effective Interpersonal Skills</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Acts in a Courteous, Respectful, Tactful and Approachable Manner</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Able to Perform Tasks as Assigned</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Supervisor or Volunteer Comments:**

Volunteer Signature ___________________________ Date ____________

Supervisor Signature ___________________________ Date ____________
ANIMAL THERAPY PROGRAM

Report To: Volunteer Services

1. Participation in the Animal Therapy Program requires compliance with the following criteria:
   a. For a scheduled visit, the volunteer/handler must report to the Volunteer Services Office to:
      i. Pick up a visitor’s badge
      ii. Verify necessary paperwork is current
      iii. Sign in
   b. Facility Guidelines:
      i. A copy of current annual health records will be kept in Volunteer Services. All records will be updated annually.
      ii. Handlers/dogs or cats will be members of Therapy Dog International, the Delta Society, or an equivalent that provides liability insurance coverage for the handler/dogs or cats as a benefit or membership. Proof of membership is required.
      iii. Any dog or cat bite must be reported to the Regional Institutional Personnel Health Unit. Additionally, Safety Services must be notified.
         1. Volunteer/Handler will ensure an occurrence report is completed if necessary. The Volunteer Office can assist in completion of the form if needed.
   c. Dog or Cat Guidelines:
      i. Complete a veterinary screening with written proof of vaccinations which must be dated and performed annually.
      ii. Must have proof of current rabies vaccination and fecal exam with a copy provided to Volunteer Services.
      iii. Must be accompanied by an experienced/certified handler. The dogs or cats must remain within the control of the handler who brought the animal to TTUHSC.
      iv. Must be clean and well groomed to visit the facility. The nails must be short and filed to prevent rough edges. The dog or cat must be neatly groomed and free of all external parasites.
      v. Must wear a collar, leash and therapy ID during the visit. Small animals may be kept in a carrier.
      vi. Must be housebroken.
vii. May not participate while in season (female).
viii. May not participate if the dog or cat has an illness which may be transmittable to people or other animals.

d. Handler/Volunteer Guidelines:
i. Must be approved as a volunteer and complete volunteer orientation (unless handler is a current HSC employee).
ii. Provide proof of therapy certification.
iii. May provide treats for the dog or cat if needed (treats will not be shared with any individual).
iv. May not participate if he/she has an illness which may be transmittable to people or other animals.
v. Must wear ID badge.

e. Post Visit Procedures:
i. All visitors, staff, and patients interacting with the animal should wash hands and/or use an alcohol hand gel after contact.
ii. Trainers will be responsible for taking care of any elimination mishaps the animal has while on TTUHSC property, inside or outside. If an accident occurs inside the TTUHSC/TTPMP, Safety Services must be notified.

f. Visitation Guidelines/Restrictions:
i. The handler should check with the head nurse/administrator prior to being in a clinic area.
ii. Be sensitive to potential patient or staff allergies to animals.
iii. Animals are not allowed to visit if the patient is immunocompromised, even though the patient is not on isolation or protective precautions.

2. Any animal other than a dog or cat must be approved by the Executive Leadership of the Medical Practice Income Plan before the animal is in the animal therapy program.