

**LUBBOCK REGIONAL MENTAL HEALTH MENTAL RETARDATION CENTER
VOLUNTEER SERVICES
Volunteer/Intern/Practicum Student Application**

Name _____ Preferred Placement _____

Current Address _____

(Street) (City) (Zip Code)

Telephone _____ Cell Phone _____ Birth Date _____

mm/dd/yy

Email Address: _____ DL#: _____ SSN: _____

How did you hear about our Volunteer/Observer Program? _____

Are you currently in School? Where, major, year? _____

Volunteer/Intern/Practicum Student Experience: _____

Work Experience: _____

Are you currently employed? _____ if yes, provide following information:

(Employer)

(Address)

(Telephone)

Special Skills, Hobbies, Languages _____

Why would you like to be a LRMHMRC volunteer? _____

Days and hours you can volunteer/observe: Clinics are open Monday -Friday.

	M	T	W	T	F
Morning					
Afternoon					

Start date and length of commitment? _____

Have you been convicted of any type of criminal offense or been listed as revoked in the Nurse Aide Registry or listed as unemployable in the Employee Misconduct Registry? _____ if yes, please explain. _____

Have you lived outside the state of Texas within the last two years? _____

References

Please list three references (not relatives):

(Name)	(Address)	(Telephone)
(Name)	(Address)	(Telephone)
(Name)	(Address)	(Telephone)

In case of sudden illness or emergency notify:

(Name)	(Relationship)	(Telephone)
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VOLUNTEER AGREEMENT

I affirm that the information that I have provided is true and correct to the best of my knowledge. I agree to conform to the Lubbock Regional Mental Health & Mental Retardation Center rules and regulations. I also agree to respect the confidential nature of case information as well as information obtained as a result of personal contacts with clients. I understand that driving record, criminal history, and registry checks will be conducted before my volunteer placement begins. I further agree to inform the Center if I am named in complaints or indictments or convicted of these offenses.

I understand that I will begin service on a reciprocal trial basis and agree to participate in orientation and training. I also understand that volunteering provides no promise of future employment.

Signature _____
Date

FOR OFFICE USE ONLY			
DOCUMENTS RECEIVED _____	BACKGROUND CLEAR _____	INTERVIEW DATE _____	ORIEN DATE _____
PHOTO ID _____	ID BADGE _____	DEPT _____	SUPERVISOR _____ APPROVAL _____
NOTES			