Texas Tech Physicians.
VOLUNTEER SERVICES

Adult Volunteer Clearance Process

Overview of the Process:

1. **Submit Application:** Complete and submit your volunteer application, along with the required immunization worksheet and documentation, to volunteerservices@ttuhsc.edu.
2. **Complete Safety Training:** Complete the TTUHSC Safety Services Basic training courses via the automated email you will receive.
3. **Background Check Authorization:** If applicable, authorize the background check through "HireRight" via email.
4. **Immunization Clearance:** Obtain immunization clearance from the TTUHSC Employee Registered Nurse.
5. **Sign Required Documents:** Read the Volunteer Handbook and sign the volunteer service agreement, confidentiality agreement, and acknowledgment of volunteer policies.
6. **Obtain Necessary Items:** After clearance, receive your Volunteer ID Badge (if applicable), parking pass, and follow the instructions to log your volunteer hours via Volgistics.

Important Notes for Applicants:

- **Expedited Process:** Your progress will depend largely on how quickly you complete your assignments, and submission of a complete application along with your immunization records will help speed up the process. On average, the clearance process takes about **5–7 business days** once all required materials have been submitted.
- **Communication:** Direct all questions about your status to Volunteer Services. Due to high volumes of applications, applicants are encouraged to track their progress.
- **Immunizations:** Immunizations are mandatory for patient contact and for the safety of all volunteers. Applicants who are missing immunizations or refuse to comply will not be permitted to participate.
- **Program Limitations:** TTUHSC Volunteer Services clearance is valid only for work at Texas Tech Physician outpatient clinics and labs.
- **Shift Assignments:** Shift assignments are based on institutional needs and are at the discretion of the Volunteer Services Manager.
- **Materials:** Volunteer ID badges and parking passes will be issued upon clearance, if needed. If you require access to certain areas, your hosting department can request access for you.

For questions or to submit your application, please email:
TTUHSC Volunteer Services
volunteerservices@ttuhsc.edu
Phone: (806) 743-2959

TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER
***SCHOOL of MEDICINE* - VOLUNTEER SERVICES - LUBBOCK**

Adult Volunteer Application

Name _____ **Preferred Placement** _____

Current Address _____ **Citizenship:** _____
(Street) **(City)** **(Zip Code)**

Telephone _____ **Cell Phone** _____ **Birth Date** _____
mm/dd/yy

Email Address: _____ **R#:** _____

****if you are a Texas Tech student, please use your ttu.edu email address****

How did you hear about our Volunteer Program? _____

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

Volunteer 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 TTUHSC Volunteer? _____

_____

_____

_____

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

	M	T	W	T	F
Morning 8:00-12:00					
Afternoon 1:00-5:00					

Personal References **List three persons other than relatives that may be contacted.**

	Name & Title	Business/Home Address	Telephone
1.			
2.			
3.			

Have you ever been convicted of a crime other than a traffic ticket? _____ if yes, please explain.

_____

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

Do you consent to a Background Check? Yes_____ No_____

Medical Information

Are you taking any medication of which we should be aware? _____
If yes, please identify. _____

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

In case of sudden illness or emergency notify:

_____

(Name) (Relationship) (Telephone)

Medical Reference

List your primary physician that may be contacted if necessary.

_____

(Physician) (Address) (Telephone)

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 Volunteer Services office to make any reference checks and to conduct a background check relating to my volunteer work with TTUHSC. 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, and, if my application is approved, I will not receive compensation or benefits for my volunteer service to TTUHSC.

_____ _____

Signature **Date**

ALL HANDWRITTEN APPLICATIONS WILL NEED TO BE LEGIBLE FOR CONSIDERATION

TEXAS TECH UNIVERSITY
HEALTH SCIENCES CENTER™

Name:_____ DOB:_____ Email Address:_____

TTUHSC Immunization Requirements for - In Clinic Volunteer Services

Copies of lab reports, Immunizations and/or health records must be provided.

1. **Varicella (Chickenpox)**: Documentation of 2 Varicella vaccine doses

Dose #1 date_____ Dose #2 date_____

OR

Varicella titer showing immunity to the virus: Date of test:_____(Attach lab report)

2. Measles, Mumps, Rubella: Documentation of 2 MMR vaccine doses

(MMR) Dose #1 date:_____ Dose #2 date:_____

OR

MMR titer: Date of test:_____ (Attach lab report)

3. Hep B series: Documentation of 3 Hep B vaccine doses

#1 date:_____

#2 date:_____

#3 date:_____

OR

Hepatitis B Surface Antibody titer- Date of test:_____(Attach report)

4. Tdap Date of vaccine:_____ (Tetanus, Diphtheria, and Acellular Pertussis)

Adult dose only* Vaccine cannot be more than 10 yrs old and must be administered from the age 18 & up.

5. 2-Step TB skin test (2 TB skin test administered 7 days apart from each other with negative readings)

TST #1-Day 1 date:_____ Return in 7 days for reading **Results:**_____mm

TST #2-Day 7 date:_____ Return in 48-72 for reading **Results:**_____mm

OR

Quantiferon Gold Test (blood test) Collection date:_____ Results:_____(Attach report)

If blood test comes back positive please provide documentation of positive results along with a chest X-ray dated within 6 months of lab results. Chest X-ray date:_____ Results:_____

6. Annual Influenza Vaccine Date:_____

Flu season is from October-March

TTUHSC Employee Health Nurse:
Yvonne Burrola MSHA, LVN
yvonne.burrola@ttuhsc.edu
3601 4th Street
Room # 1A150
Lubbock, TX 79430
Office Phone: 806-743-4923 Fax Number: 806-743-2056
Office hours: Mon-Fri 8am-4pm/Open during the lunch hour

Revised:
08/06/25