

Dear Prospective College Student Volunteer:

Thank you for your interest in volunteer opportunities at University Medical Center Brackenridge. We are very proud of our program and the wonderful service our volunteers provide.

Below are some guidelines and expectations that we feel make our volunteer program successful. Please read through the list carefully so you can better familiarize yourself with our requirements:

- College Volunteers are required to commit to a minimum of **40 hours of service each semester, including summer school session.** This commitment is fulfilled by completing one 4-hour shift each week.
- When accepted into the College Volunteer Program, it is required that all new volunteers complete a **Hospital Orientation.** We try to make this educational yet fun. Depending upon your placement, you may also be required to attend an area-specific training.
- College volunteers will be assigned in the same service area, on the same day and time, each week during the semester.
- **First-time volunteers** are required to volunteer in the Gift Shop or at the Information Desk for one semester. These placements provide an opportunity to become familiar with the hospital, the staff, and operations.
- College Volunteers will be required to wear an assigned uniform, which is a blue polo-style knit shirt with either khaki slacks or a khaki long skirt. As a representative of the hospital, those who do not adhere to this requirement may not be considered for future volunteer opportunities. **The shirts are \$15 and will be available for purchase in the volunteer office.**
- College Volunteers are required to wear a photo I.D. badge. This badge will allow you access in and out of the parking garage for each semester as a volunteer. The badge will also provide patients and staff with a way of recognizing our volunteers. **There is a \$5 refundable deposit fee for this badge.**
- Out of concern for the well-being and safety of the patients and families we serve, Brackenridge Hospital performs criminal background checks on adult and college volunteers. **There is a \$5.00 fee for this test.**
- Please note that as a University student studying at the undergraduate level, you are required to volunteer with our College Student Volunteer Program and will not be accepted into the Adult Volunteer Program.

**Students must submit the following forms in order to be considered for the College Program:**

1. A completed application (attached)
2. A signed College Volunteer Agreement (attached)
3. A signed Seton Healthcare Network Volunteer Agreement (attached)
4. A signed Criminal Background Consent form, and completed Volunteer Criminal History Records Check Statement form (attached)
5. Proof of immunizations for mumps, measles, and rubella (your college health service can provide you with these records) **Note: You do not need proof of Measles and Mumps if you were born before January 1, 1957. All volunteers are required to have proof of the Rubella Vaccine.**
6. Proof of a current Tuberculosis test (your college health service can provide this test or you may have the test done at the hospital). TB skin tests are good for one year only. **Please keep in mind that all volunteers are required to have 2 TB skin tests if you have not had a test within a year. One test prior to volunteering and the second test 1-3 weeks after you begin to volunteer.** If you have tested positive for TB, please bring proof of a chest x-ray conducted in the past 2 years.
7. An Unofficial Transcript from the previous semester showing your enrollment in college; if you are an incoming freshman, please provide us with a sealed transcript from your high school.
8. A letter of recommendation from a professor, coach, employer, supervisor, or counselor/advisor, etc.
9. Completed Essay, ***“Why do you want to volunteer at University Medical Center Brackenridge?”***

Please mail or deliver all of the above items to this office as a packet. Incomplete applications will not be accepted.

**Mailing Address:**

**University Medical Center Brackenridge**  
***Office of Volunteer Services***  
**601 E. 15<sup>th</sup> Street,**  
**Austin, Texas 78701**

Once we review your application, you will be notified by letter of the date and time of the hospital orientation.

Thank you again for your interest in our program. If you have any questions, you can reach me by telephone at (512) 324.7584 or by email at [cotero-pena@seton.org](mailto:cotero-pena@seton.org).

Sincerely,

Erica Otero-Pena  
*Volunteer Coordinator*  
University Medical Center Brackenridge  
A member of the Seton Family of Hospitals

**This checklist will help you ensure that you are submitting a complete application. Please take the time to review it. We only accept complete applications!**

- Application
  - Fill out two pages of information.
  - Sign Seton Healthcare Network Volunteer Agreement and any subsequent forms.
  - Sign consent form for CBC and give CBC information.
  - Include your letter of recommendation, transcript, and essay.
- Return application with the following:
  - \$5 for CBC
  - MMR Proof
    - Born before 1957:
      - Measles and Mumps – none needed; Rubella – 1 needed
    - Born 1957 or later:
      - Measles – 2 needed; Mumps – 2 needed; Rubella – 1 needed

I have the required records.

- Submit with application.

Can't find your records?

Request a titer (a blood test that determines if immunity is present).

- Get this done with your doctor, school or another outside resource and submit results with application.

- TB Proof

I have not had a TB skin test in the past year.

- Get **TWO** tests at your doctor or another outside resource and submit results with application.

**OR**

- We will help you get **TWO** tests at Brackenridge at no cost. This occurs after you are oriented and scheduled and will delay the start date for your volunteering. These tests must be completed and proof submitted before you begin to volunteer.

I have had a test in close to a year, but it has recently expired or is close to expiring.

- Get **ONE** test at your doctor or another outside resource and submit results with application.

**OR**

- We will help you get **ONE** test at Brackenridge at no cost. This occurs after you are oriented and scheduled and will delay the start date for your volunteering. These tests must be completed and proof submitted before you begin to volunteer.

I have a current TB test.

- Great! Submit your results with your application.

**What if I have a positive result from my TB test?**

You need to have a chest x-ray (CXR). We require proof of a normal CXR conducted within the past two years.

I have a record of a CXR within the past two years.

- Submit with your application.

I have no record of a CXR or mine is expired.

- Get a CXR at your doctor or another outside resource and submit results with application.

**OR**

- We may give you information on the location to get a CXR at no cost. This occurs after you are oriented and scheduled and will delay the start date for your volunteering. These tests must be completed and proof submitted before you begin to volunteer.



**II. EXPERIENCE** (Please attach an additional sheet if necessary)

*Work Experience/Dates*

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*Volunteer Experience/Dates*

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*Campus Organizations and Awards/Dates*

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If you are volunteering to fulfill a class requirement, please complete:

Professor's Name \_\_\_\_\_

Class \_\_\_\_\_

Hours Required \_\_\_\_\_

***How did you hear about our Volunteer Program?***

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**III. PLACEMENT INFORMATION**

It is our policy that new student volunteers of University Medical Center Brackenridge are assigned to either the Gift Shop or our Information Desks during their first semester of volunteer service. If you choose to return after your first semester, you may volunteer in the area of your choice, provided that the area is not full or does not conflict with your schedule.

At the new volunteer orientation, we will discuss your volunteer schedule in greater detail.

If you have any questions or concerns, you may contact the volunteer office at 512.324.7584.

# University Medical Center Brackenridge

## *College Student Volunteer Agreement*

As a University Medical Center Brackenridge College Volunteer, I understand that I must meet certain requirements and complete the training offered to me by the University Medical Center Volunteer Services Department. In return for the opportunity to volunteer, these requirements include but are not limited to the following:

- I understand that I must guarantee a **minimum of 40 hours of volunteer service a semester**. I understand that my minimum hours of service must be accrued at the rate of **four hours per week** over the course of the entire session.
- I understand that **I must attend a general hospital orientation once a year** in order to comply with University Medical Center at Brackenridge policies and procedures.
- I understand that if I miss my regularly scheduled shift for any reason, it is my responsibility to inform my service area supervisor at least 24 hours before my scheduled shift.
- I understand that the consequences for not keeping these agreements include, but are not limited, to the following: *I will not be able to continue as a volunteer or return as a volunteer at University Medical Center Brackenridge.*

**I have read and understand the aforementioned agreement:**

PRINT NAME: \_\_\_\_\_

SIGN NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

SETON HEALTHCARE NETWORK

**VOLUNTEER AGREEMENT**

I, \_\_\_\_\_, agree to the following:

**I. PLEDGE OF CONFIDENTIALITY**

I will maintain **strict** confidentiality of **all** patient and hospital information I may learn while I am a Seton volunteer.

**II. CODE OF CONDUCT**

While a volunteer at Seton, I will conduct myself in accordance with all of Seton's rules, guidelines, instructions, policies and procedures ("Policies").

**III. VOLUNTEER STATUS**

I understand that I will not be paid for my volunteer services to Seton.

**IV. DISMISSAL**

I understand that my volunteer service is a privilege and not a right. If I fail to maintain confidentiality or if I fail to conduct myself in accordance with the Policies, I may be dismissed from volunteer service. I may also be dismissed from volunteer service at the sole discretion of Seton. All benefits of volunteer membership (including active, life, honorary or associate membership) will be terminated upon my dismissal from volunteer service.

I have read this document, I understand its contents, and I agree to its terms.

\_\_\_\_\_  
Signature of Volunteer

\_\_\_\_\_  
Date

## **University Medical Center Brackenridge Criminal Background Checks Policy**

### **POLICY**

Out of concern for the well-being and safety of the patients and families we serve, University Medical Center Brackenridge performs criminal background checks on adult and college volunteers. University Medical Center Brackenridge deems it necessary and advisable as a matter of policy to reserve the right to disqualify and prohibit any person from serving as a volunteer, including one who has been arrested for, convicted of, been on probation for, or received deferred adjudication for any criminal conduct.

The right to disqualify applies to any criminal conduct, regardless of whether (a) the criminal charges were subsequently dropped and the applicant was never prosecuted for the crime charged, or (b) the criminal charges resulted in a non-conviction such as probation, or (c) the criminal conviction was subsequently expunged from the applicant's record as the result of appropriate legal proceedings.

### **PROCEDURES**

In order to screen prospective volunteers to identify those who have engaged in criminal conduct, University Medical Center Brackenridge adopts the following procedure:

- a) Application: Each volunteer is required to complete an application.
- b) References: On the application, each college volunteer is required to submit a letter of recommendation, and each adult volunteer is required to provide three references.
- c) Personal Interview: Each prospective volunteer will undergo an interview with an appropriate staff or a Board Member of the University Medical Center Brackenridge Volunteer Office.
- d) Criminal Background Checks: Each prospective volunteer will give written consent for a criminal background check, conducted by the Volunteer Department, a service of University Medical Center at Brackenridge. The form of authorization will be that prescribed by the Volunteer Department.
- e) Grievance Process: If a prospective volunteer is disqualified from placement with University Medical Center Brackenridge based upon information received, and, if upon reviewing that information the person feels that the information is wrong or it is not his or her record, the person may request a fingerprint check from the Department of Public Safety as a method of positive identification, unless the person can prove by other means that he or she is not the person indicated on the criminal record. An individual may view the disputed criminal history transcript, but may not have a copy of the transcript.

### COMPLIANCE WITH REQUIREMENTS

University Medical Center Brackenridge will comply with the requirements of the Criminal Information Act, including the destruction of criminal history record information promptly after the determination of the suitability of the volunteer.

## **Consent for Criminal Background History Check**

I hereby give permission for University Medical Center Brackenridge to obtain information relating to my criminal history record through the Texas Department of Public Safety. The criminal history record, as received from the reporting agencies, may include arrest and conviction data as well as plea bargains and deferred adjudication. I understand that this information will be used, in part, to determine my eligibility for a volunteer position with this organization. I also understand that as long as I remain a volunteer here, the criminal history records check may be repeated at any time. I understand that I will have an opportunity to review the criminal history and a procedure is available for clarification, if I dispute the record as received.

I, the undersigned, do, for myself, my heirs, executors and administrators, hereby remise, release and forever discharge and agree to indemnify University Medical Center Brackenridge, and each of their officers, directors, employees, and agents harmless from and against any and all causes of action, suits, liabilities, costs, debts, and sums of money, claims and demands whatsoever, and any and all related attorneys' fees, court costs, and other expenses resulting from the investigation of my background in connection with my application to become a volunteer/staff member.

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Applicant's Signature

Date

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Please Print Name

