

TEXAS TECH UNIVERSITY
Minor Volunteer Worker Application

Name _____ Today's date _____

Address _____
(Street) (City) (Zip Code)

Telephone _____ Cell Phone _____ Birth Date _____ Age _____
(mm/dd/yy)

Email Address: _____

Parent/Guardian _____

Address (If different from above) _____
(Street) (City) (Zip Code)

Father's Employment _____ Telephone _____

Mother's Employment _____ Telephone _____

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

Medical Information

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)

List your primary physician that may be contacted if necessary.

(Physician) (Address) (Telephone)

I certify the information given above is complete and correct to the best of my knowledge. I understand that any false statements made herein will void this application and any actions based on it. I have read, understand, and will adhere to applicable TTU policies and procedures regarding volunteer workers and minors in work environments. I understand that I am applying for a volunteer position.

Signature

Date

Parent/Guardian Signature

Date