## TEXAS TECH UNIVERSITY

## **Minor Volunteer Worker Application**

Name		Today's date		
Address				
(Street)	(Cit	(y)	(Zip Code)	
TelephoneC	ell Phone	Birth Date	Age	
Email Address:		,	(mm/dd/yy)	
Parent/Guardian				
Address (If different from ab	ove)			
	(Street)	(City)	(Zip Code)	
Father's Employment		Telephone		
Mother's Employment		Telephone		
Have you ever been convicted	of a crime other than a t	raffic ticket? if	yes, please explain.	
Medical Information  Do you have any health consi  If yes, please explain.				
In case of sudden illness or en	nergency notify:			
(Name)	(Relationshi	<b>p</b> )	(Telephone)	
List your primary physician	hat may be contacted if n	necessary.		
(Physician)	(Address)		(Telephone)	
I certify the information given al statements made herein will voic applicable TTU policies and pro that I am applying for a volunted	l this application and any accedures regarding volunteer	tions based on it. I have r	ead, understand, and will adhere	
Signature		_	Date	
Parent/Guardian Signature		_	 Date	