

## **Medical Student Volunteer Activity PLI Enrollment Instructions**

1. At a minimum, the following procedures must be followed to be afforded legal defense counsel related to volunteer activity.
2. Applications will not be processed until all requested information is provided.
3. A signed copy of the Department Chair or Dean (as appropriate) approval letter must be attached.
4. Volunteer Activity must be supervised by faculty.
5. Complete applications should be sent via e-mail attachment with subject line to include applicant name “(name) Volunteer Activity Coverage Notification” to [aevans@utsystem.edu](mailto:aevans@utsystem.edu) with cc to [ksmith@utsystem.edu](mailto:ksmith@utsystem.edu)
6. For any other questions contact Allene Evans at [aevans@utsystem.edu](mailto:aevans@utsystem.edu) or 512-499-4630.

*Note: A database is being developed that will replace this procedure in the future.*

# Medical Student Volunteer Activity PLI Enrollment Notification Form

## Applicant Information

Name: \_\_\_\_\_, \_\_\_\_\_  
*Last name* *First Name* *Middle*

Institution: \_\_\_\_\_

Institution Unique Student ID# \_\_\_\_\_

Applicant Status: \_\_\_\_\_ Yr. in Medical School

Faculty Supervisor: \_\_\_\_\_

Department/Program Specialty (i.e., division if applicable):

\_\_\_\_\_ / \_\_\_\_\_

## Facility Information (location of volunteer activity)

Facility Name: \_\_\_\_\_

City: \_\_\_\_\_

County: \_\_\_\_\_ State: \_\_\_\_\_

\_\_\_\_\_ Beginning Date \_\_\_\_\_ Ending Date

\_\_\_\_\_ Department Chair or Dean Approval (must be attached)

### UT System use only:

Risk Class \_\_\_\_\_ Mnthly Prem \_\_\_\_\_ Lmt Factor \_\_\_\_\_ Terr/Grp /Relat \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Due S \_\_\_\_\_