



**VOLUNTEER SERVICES DEPARTMENT
VOLUNTEER APPLICATION**

- Adult Volunteer
- College Student

PLEASE PRINT ALL INFORMATION.

- Mr. Mrs.
- Ms. Miss:

Date: ____/____/____

Preferred: _____

_____ Last Name

_____ First Name

_____ MI

ADDRESS: _____ ZIP: _____
City State

HOME PHONE: (____) _____ CELL PHONE: (____) _____ WORK PHONE: (____) _____

EMAIL ADDRESS: _____ SOCIAL SECURITY NUMBER: _____

ARE YOU 18 YEARS OF AGE OR OLDER? YES NO

EDUCATION COMPLETED: GED High School College Post Graduate

Degree(s) Earned and School: _____

STUDENT – PLEASE COMPLETE THIS SECTION:

School Currently Attending: _____ Semesters Completed: _____

Career Anticipated: _____ Hours Completed: _____

Previous Volunteer Experience: _____

Special Skills of Interests: _____

Community Affiliations: _____

WORK STATUS: Employed Retired Unemployed

Current or last place of employment and dates:

DAYS AVAILABLE TO VOLUNTEER: Mon. Tues. Wed. Thurs. Fri. Sat. Sun.

HOURS PREFERRED: MORNING AFTERNOON EVENING

Are there any work activities or conditions that you must avoid? Yes No

If "yes" please describe: _____

How did you become interested in our volunteer program? _____

Were you referred by someone? If so, by whom? _____

What do you hope to gain from your volunteer experience?

Have you ever been convicted of a crime or violation other than a minor traffic infraction? Yes No

If "yes," please explain: _____

Are you currently excluded as a provider of services by Medicare, Medicaid or any other federal or state health care program? Yes No

REFERENCES: References from 2 adults – unrelated to you or to each other – are required. Reference forms are included and **MUST** accompany your completed application.

Signature: _____

Date: ____/____/____

Your signature indicates your approval for us to check references. The Volunteer Services Department is not obligated to provide a placement, nor are you obligated to accept the position offered. Opportunities for volunteers are provided without regard to religion, creed, race, national origin, age or sex.

Please return application to:

Volunteer Services
North Oaks Health System
P.O. Box 2668
Hammond, LA 70404

(985) 230-6811