



**VOLUNTEER SERVICES DEPARTMENT
ADULT VOLUNTEER APPLICATION**

PLEASE PRINT ALL INFORMATION.

Dr. Mr. Mrs. Ms. Miss: _____ Date: ____/____/____
Preferred: _____

ADDRESS: _____
Last Name First Name MI ZIP: _____

HOME PHONE: (____) _____ WORK PHONE: (____) _____
City State

ARE YOU 18 YEARS OF AGE OR OLDER? Yes No SOCIAL SECURITY NUMBER: _____

High School Graduate/GED? Yes No Highest Grade Completed in School: _____

College, Technical or Business School Graduate? Yes No Degree Earned: _____

Special Skills or Interests: _____

Community Affiliations: _____

Volunteer Experience: _____

EMPLOYMENT HISTORY		
Business	Position	Dates

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

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

HOURS PREFERRED: MORNING AFTERNOON EVENING

REFERENCES: (Please give name, address and telephone number of two references you have known for at least one year who are not related to you. Reference forms are included and MUST be returned with your application.)

1. NAME: _____ PHONE: (____) _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

2. NAME: _____ PHONE: (____) _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

How did you become interested in our volunteer program?

Referred by? _____

Why do you wish to volunteer at North Oaks?

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 Director
North Oaks Health System
Post Office Box 2668
Hammond, Louisiana 70404

(985) 230-6811