



VOLUNTEER SERVICES DEPARTMENT STUDENT VOLUNTEER APPLICATION

PLEASE PRINT ALL INFORMATION.

Mr. Mrs.
 Ms. Miss:

Date: ____/____/____

_____ MI
Last Name First Name

Preferred: _____

ADDRESS: _____ ZIP: _____

City State

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

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

High School Graduate/GED? Yes No

School Presently Attending: _____ Semesters Completed: _____

Hours Completed: _____ Career Anticipated: _____

Community Affiliations: _____

Volunteer Experience: _____

EMPLOYMENT HISTORY

Business Position Dates

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 provide the following information for two adults unrelated to you or to each other. Reference forms are included and **MUST** accompany 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? _____

Please state briefly why 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