

VOLUNTEER SERVICES DEPARTMENT VOLUNTEER APPLICATION

□ Adult Volunteer□ College Student

PLEASE PRINT ALL INFORMATION.

			Date:	/	
☐ Mr.☐ Mrs.☐ Ms.☐ Miss:			Prefe	erred:	
Last Name	First No	First Name			
ADDRESS:			ZIP:		
HOME PHONE: ()	CELL PHONE: (State)	WORK PHON	E: ()	
EMAIL ADDRESS:	SO	CIAL SECURIT	Y NUMBER:		
ARE YOU 18 YEARS OF AGE OR OL	.DER? 🗆 YES 🗅 NO)			
EDUCATION COMPLETED: GED	□ High School	□ College	□ Post Graduate		
Degree(s) Earned and School:					
Previous Volunteer Experience:					
Special Skills or Interests:					
Community Affiliations:					
STUDENT - PLEASE COMPLETE THIS	SECTION:				
School Currently Attending:	tly Attending:		Semesters Completed:		
Career Anticipated:					
WORK STATUS:	loyed 🗅 Retired	☐ Unempl	pyed		
Current or last place of employment of	ınd dates:				
DAYS AVAILABLE TO VOLUNTEER:	□ Sun. □ Mon.	□ Tues. □ '	Wed. □ Thurs. □ F	Fri. 🗅 Sat.	
HOLIRS PREFERRED.	D MORNING DA	FTERNOON			

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 an <u>MUST</u> 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 Director North Oaks Health System Post Office Box 2668 Hammond, Louisiana 70404

(985) 230-6811