NORTHOAKS HEALTH SYSTEM

VOLUNTEER SERVICES DEPARTMENT
VOLUNTEER APPLICATION

❑ Adult Volunteer
❑ College Student

PLEASE PRINT ALL INFORMATION.

Date:_____/_____/_____

❑ Mr. ❑ Mrs.
❑ Ms. ❑ Miss: _____ 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: _____

Previous Volunteer Experience: _____

Special Skills or Interests:_____

Community Affiliations: _____

STUDENT - PLEASE COMPLETE THIS SECTION:

School Currently Attending: _____ Semesters Completed: _____

Career Anticipated: _____GPA: _____ Hours Completed: _____

WORK STATUS: ❑ Employed ❑ Retired ❑ Unemployed

Current or last place of employment and dates:

_____

_____

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

HOURS PREFERRED: ❑ MORNING ❑ AFTERNOON ❑ EVENING

(over)

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

(985) 230-6811