UNIVERSITY MEDICAL CENTER NEW ORLEANS
VOLUNTEER APPLICATION

First Name _____ Middle _____ Last _____

Street Address _____

City, State and Zip Code _____

Telephone Number _____ Social Security Number _____
(used for background screening)

Email address _____ Date of Birth _____

Male ☐ Female ☐ City and State of your birth _____

EMERGENCY INFORMATION (In case of emergency, notify the following)

Name _____ Telephone Number _____

Address _____Relationship to you _____

EDUCATION AND EMPLOYMENT HISTORY

Current Employer _____ Occupation _____

Current grade: High School ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12 College: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Name of high school or college attending _____

SKILLS/PREFERENCES (check all that apply)

☐ Helping Visitors
☐ Helping Patients
☐ Clerical/Office Work
☐ Mailings/Special Projects
☐ Computer Skills
☐ Other _____

AVAILABILITY (please check the days and times you are most available to volunteer)

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

GENERAL INFORMATION:

Are you required to volunteer or perform community service? ☐ Yes ☐ No

If yes, by whom? _____ How many hours? _____

When do the hours have to be completed? _____

How did you hear about our volunteer program? _____

_____

State briefly why you wish to volunteer at University Medical Center New Orleans? _____

_____

List any previous volunteer experience _____

_____

I certify that the facts set forth on this application are true and complete to the best of by knowledge. I authorize University Medical Center New Orleans to make any investigation of my personal history, financial and credit record through any investigative or credit agencies or bureaus of your choice. I have read, understand and, by my signature, consent to these statements.

Volunteer Signature **X**	**Date**
Parent/Guardian Signature (if under 18 years of age) **X**	**Date**

For office use only:

- ☐ Completed application
- ☐ Background screening completed
- ☐ TB screening and immunization verification completed
- ☐ Orientation completed
- ☐ ID acquired
- ☐ Meals loaded
- ☐ Uniform received
- ☐ Commitment Form completed

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Questions/concerns/issues, contact Laurie Smith
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