

LAKE CHARLES MEMORIAL HOSPITAL VOLUNTEER SERVICES

Oak Park Campus
1701 Oak Park Boulevard
Lake Charles, LA 70601

Moss Memorial Campus
1100 Walters Street
Lake Charles, LA 70607

Women's Campus
1900 West Gauthier Road
Lake Charles, LA 70605

At which campus do you wish to volunteer?

Oak Park

Women's

Moss Memorial

Undecided or Other

Name _____

(Last)

(First)

(MI)

(Nickname)

Street Address: _____ City: _____ State _____ Zip: _____

Birthday: _____ Home Phone: _____ Work Phone: _____

Month/Day

Education and Work Experience

High School: Last Grade Completed _____ Current Employer: _____

College: _____ Work Phone: _____

College Major: _____ Responsibilities: _____

Languages Spoken: _____

Day of Week Preferred: _____

Hours Preferred: _____

(Please specify morning or evening preference)

In Case of Emergency, contact:

Name: _____ Relationship: _____

Home Phone: _____ Work Phone: _____

How did you become interested in our volunteer program? _____

Have you had volunteer experience? _____ Yes _____ No

If yes, give place & duties: _____

Do you know a L.C.M.H. Volunteer? _____ Yes _____ No

Name of Volunteer: _____

Check type of work preferred:

Auxiliary Services

- CCU/ICU
- Surgery Waiting Room
- Clerical
- Patient Representative
- Information Desk
- Other
- Gift Shop

Volunteer Services

- Student Volunteer
- Teen Volunteer
- (Other)

Interest/Skills (please indicate which you would be willing to share as a volunteer)

| | |
|----------------|--|
| General Skills | <input type="checkbox"/> office skills <input type="checkbox"/> phone receptionist <input type="checkbox"/> using copier <input type="checkbox"/> computer <input type="checkbox"/> cash register <input type="checkbox"/> sales <input type="checkbox"/> other (specify): _____ |
|----------------|--|

Additional Skills/Comments: _____

Would you be willing to help with community outreach projects (such as health fairs, etc)?

_____ Yes _____ No

**Lake Charles Memorial Hospital Auxiliary
Membership Application
Page 2**

Personal References: Please list two references. Do not use physicians or relatives.

Name: _____ Telephone Number: _____
Address: _____ City: _____ ST. _____ Zip: _____

Name: _____ Telephone Number: _____
Address: _____ City: _____ ST. _____ Zip: _____

Have you ever committed, been convicted of, pled guilty to, or pled nolo contendo to, a felony or a misdemeanor?

Note: Conviction of a crime is not necessarily grounds for disqualification.

_____ No _____ Yes If yes, please explain _____

The above information is accurate and correct to the best of my knowledge.

Signature: _____ Date: _____

Your signature indicates your approval for us to check references. The volunteer service 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.

Mail Completed Application To:

*Volunteer Services
P.O. Drawer M
Lake Charles, LA 70602*

Interviewer: _____ **Date:** _____

Area of Assignment: _____ **Date:** _____

Approval Date: _____ **Date of Orientation:** _____

Dues (if applicable): _____

PLEASE SIGN

Applicant's Signature: _____ **Date:** _____