



# Lake Charles Memorial Health System

## VOLUNTEERS

### 2026 SUMMER VOLUNTEER PROGRAM

2026 Application Deadline: **APRIL 30, 2026**

Lake Charles Memorial Health System (LCMHS) sincerely appreciates your interest in the Summer Volunteer Program. We value your commitment to serving our community and look forward to reviewing your application.

This program is an opportunity for 15-through 25-year-old students to volunteer for a minimum of 48 hours during June 2nd – July 31st. Shifts are Monday through Friday from 9:00 A.M. to 12:00 P.M., and 12:30 P.M. to 3:30 P.M.

Please carefully consider whether you can commit to the Summer Volunteer program before applying and accepting. We can accommodate up to two (2) absences due to family vacations, sports practices, other summer obligations, or illness. The student will work with Volunteer Services to identify a make-up day, if applicable. **If you anticipate more than one to two scheduling conflicts during the program, please leave the spot for another applicant.**

Limited positions are available. Applications **must be submitted on/before April 30, 2026**, for consideration. Completed packets may be emailed to [volunteerservices@lcmh.com](mailto:volunteerservices@lcmh.com) or delivered to the Office of Volunteer Services, Main Campus, First Floor, Lake Charles Memorial Health System, 1701 Oak Park Blvd., Lake Charles LA 70601. Required application materials include:

1. Application form-Signatures must be original handwritten
2. Volunteer Agreement-Signatures must be original handwritten
3. Disclosure of photos and videos- Signatures must be original handwritten
4. Two (2) Reference forms may be emailed separately to [volunteerservices@lcmh.com](mailto:volunteerservices@lcmh.com) or submitted with the applicant's packet in sealed envelopes. References must be provided by individuals who are not related to the applicant and who are able to offer an informed assessment of the applicant's character and dependability. Applications will not be processed until all required reference documentation has been received.
5. Medical documentation of a current negative TB test (within the past year) is required. Volunteers must also provide proof of flu vaccination if volunteering between October and March. If a current TB test or flu vaccine is not available, the volunteer agrees to receive the PPD skin test and flu vaccine administered by the LCMHS Employee Wellness Team at no cost.
6. Volunteer opportunities are extended to all individuals in a welcoming and inclusive environment, without regard to religion, creed, race, national origin, age, or sex.

Upon submission of all required documents, the applicant will be contacted via email or telephone if selected to advance in the process. Acceptance into the program is contingent upon satisfactory references and verification of all submitted information. The Volunteer Services Department is under no obligation to provide a placement, and the applicant is under no obligation to accept any volunteer position that may be offered.

The Volunteer Services Department at Lake Charles Memorial Health System looks forward to welcoming the 2026 class of Summer Volunteers!

#### Janet Broussard

#### Volunteer Services

Lake Charles Memorial Health System

1701 Oak Park Boulevard

Lake Charles, Louisiana 70601

[jabr8438@lcmh.com](mailto:jabr8438@lcmh.com)

Office: 337-494-3213

Mobile: 337-526-8438

#### Sol Halliburton

#### Executive Director, Philanthropy

Lake Charles Memorial Health System

1701 Oak Park Boulevard

Lake Charles, Louisiana 70601

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Office: 337-494-3226

Mobile: 201-779-8060



**SUMMER VOLUNTEER PROGRAM-AGES 15-25**  
**JUNE 2, 2026 – JULY 31, 2026**  
**STUDENT APPLICATION FORM**

Complete and submit to [VolunteerServices@LCMH.com](mailto:VolunteerServices@LCMH.com)

FIRST NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_ BDATE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ GENDER:  Male  Female

CELL \_\_\_\_\_ EMAIL \_\_\_\_\_

HIGH SCHOOL/UNIVERSITY NAME: \_\_\_\_\_  High School  College

FRESHMAN  SOPHOMORE  JUNIOR  SENIOR

FOR UNIVERSITY: MAJOR: \_\_\_\_\_ GRADUATION YEAR \_\_\_\_\_

FOR HIGH SCHOOL: SCHOOL ADVISOR NAME \_\_\_\_\_ TEL # \_\_\_\_\_

SCHOOL PRINCIPAL NAME \_\_\_\_\_ TEL # \_\_\_\_\_

VOLUNTEER EXPERIENCE \_\_\_\_\_

REASON(S) FOR JOINING THIS PROGRAM \_\_\_\_\_

CURRENT PART-TIME JOB  YES (please answer questions below)  NO

COMPANY NAME \_\_\_\_\_ DAYS \_\_\_\_\_ HRS \_\_\_\_\_

SCHEDULED VACATION DATES/CAMP DATES PERIOD OF JUNE 2- JULY 31  YES  NO

VACATION DATES \_\_\_\_\_ CAMP DATES \_\_\_\_\_

DO YOU KNOW OR ARE YOU RELATED TO ANYONE AT LAKE CHARLES MEMORIAL HOSPITAL?  YES  NO

IF YES, PROVIDE NAME, DEPARTMENT AND RELATIONSHIP \_\_\_\_\_

**EMERGENCY CONTACT**

NAME \_\_\_\_\_  FATHER  MOTHER  GUARDIAN

CELL \_\_\_\_\_ WORK \_\_\_\_\_ EMAIL \_\_\_\_\_

COMPANY \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

**TIME COMMITMENT- MUST WORK 6 HRS/WEEK --MINIMUM OF 2 DAYS.** Select the shifts you would like to volunteer for each week from June 2<sup>nd</sup> – July 31<sup>st</sup>. LCMHS does not guarantee that you will be placed on these shifts but will strive to assist you. Orientation will be provided on your start date. START DATE: \_\_\_\_\_

WEEKDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Morning Shift 9:00 am – 12:00 pm					
Afternoon Shift 12:30 pm – 3:30 pm					

I certify that the information on this application is true and correct, and any omissions, misrepresentations or false information will be grounds for dismissal as a volunteer. I authorize all employees, schools, or references contacted shall be released from all liability in answering inquiries related to my application.

**APPLICANT**

Name/Date (Print) \_\_\_\_\_ / \_\_\_\_\_ Signature \_\_\_\_\_

Must be handwritten

**PARENT/GUARDIAN**

Name/Date (Print) \_\_\_\_\_ / \_\_\_\_\_ Signature \_\_\_\_\_

Must be handwritten



**SUMMER VOLUNTEER PROGRAM-AGES 15-25**  
**JUNE 2, 2026 – JULY 31, 2026**  
**STUDENT AGREEMENT FORM**

(Complete and submit to [VolunteerServices@LCMH.com](mailto:VolunteerServices@LCMH.com))

I, \_\_\_\_\_ ("Volunteer"), would like to participate in the Lake Charles Memorial Health System (the "Hospital") Summer Volunteer Program. As a condition of participation in this program, I agree to the following:

1. Parent/Guardian permits son/daughter to enroll in the Summer Volunteer Program.
2. Parent/Guardian permits son/daughter to volunteer at least 6 hours/week as the program requires and attend regular meetings of the Summer Volunteers program.
3. Volunteers understand that they will donate their services to LCMHS without contemplation of compensation and/or future employment.
4. Volunteer understands that the Volunteer Services Department reserves the right to terminate my volunteer status as a result of (a) failure to comply with organizational policies, rules, and regulations; (b) habitual tardiness and/or absences without prior notification; (c) unsatisfactory attitude, service, or appearance, or (d) any other circumstances which, in the judgement of the department director, would make my continued service as a volunteer contrary to the best interests of LCMHS.
5. Volunteers will always conduct themselves in a manner that does not disrupt the orderly operation of the Hospital.
6. Volunteers will not touch patients, participate in the care or treatment of patients, perform clinical procedures of any kind or nature, or make any entries in any medical record unless authorized by their supervisor.
7. Volunteers will not interact with patients and families without the supervision of their supervisor.
8. Volunteers will not access any LCMHS IT systems to protect the confidentiality of sensitive information related to patients/employees unless the supervisor has agreed to volunteer access.
9. Volunteers will not have any badge access.
10. Volunteers will not observe any procedure/clinical activity without the presence of a supervisor and the permission of the patient/family.
11. Volunteers will keep strictly confidential and will not divulge the identity of any LCMHS patient or the medical condition or treatment of any LCMHS patient.
12. Volunteers will always wear an official LCMHS ID while on Hospital property identifying you as a Student in the Hospital's Summer Volunteer Program.
13. Volunteers will abide by the Hospital's policies, procedures, rules, and regulations, as well as the instructions and direction of nursing and supervisory staff at the Hospital.
14. Volunteers will present medical certification for a current negative TB test within the past year, and present proof of Flu Vaccination (if volunteers schedule is between the months of October to March). If current TB skin test or Flu vaccine certifications are not available, volunteer agrees to take the TB Skin test and flu vaccine administered by LCMHS Employee Wellness Team at no cost to volunteer.
15. Volunteers **18 years and older agree** to a drug screen and background check at no cost.
16. Volunteers will appear for orientation, arrive promptly on all scheduled dates, and report to their assigned program Supervisor.
17. Volunteers must sign daily attendance sheets and upon completion of services will return LCMHS ID to Manager of Volunteer Services.
18. Volunteers agree to dress accordingly and will wear no exceptions to the LCMHS dress code policy (i.e. no shorts, tank tops, tube tops, t-shirts, open-toed shoes, etc.).

Student Printed Name	Signature (must be handwritten)	Date
<i>Parental consent for students under 18:</i>		

Parent/Guardian name	Signature (must be handwritten)	Date
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Parent/Guardian Cell \_\_\_\_\_ Parent/Guardian Email \_\_\_\_\_





## Summer Volunteer Application

### Reference Form

**Do not use relatives for reference.**

References should be scanned and emailed to [volunteerservices@lcmh.com](mailto:volunteerservices@lcmh.com) or returned to students in a sealed envelope. This is an application requirement and must be submitted. **Call 337-494-3213 for any questions.**

Please Print

<b>VOLUNTEER'S LAST NAME:</b>	<b>VOLUNTEER'S FIRST NAME:</b>
<b>REFERENCE'S LAST NAME:</b>	<b>REFERENCE'S FIRST NAME:</b>
<b>REFERENCE EMAIL/PHONE</b>	<b>HOW DO YOU KNOW APPLICANT</b>
<b>PLEASE CANDIDLY DESCRIBE THE FOLLOWING CHARACTERISTICS OF THE APPLICANT</b>	
<b>MATURITY</b>	
<b>ABILITY TO GET ALONG WITH OTHERS</b>	
<b>ATTITUDE TOWARD TAKING INSTRUCTIONS</b>	
<b>SENSE OF RESPONSIBILITY</b>	
<b>DEPENDABILITY</b>	
<b>ADDITIONAL COMMENTS</b>	

**REFERENCE**

**SIGNATURE** \_\_\_\_\_ **DATE:** \_\_\_\_\_



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<b>ABILITY TO GET ALONG WITH OTHERS</b>	
<b>ATTITUDE TOWARD TAKING INSTRUCTIONS</b>	
<b>SENSE OF RESPONSIBILITY</b>	
<b>DEPENDABILITY</b>	
<b>ADDITIONAL COMMENTS</b>	

**REFERENCE SIGNATURE** \_\_\_\_\_ **DATE:** \_\_\_\_\_