## LAKE CHARLES MEMORIAL HEALTH SYSTEM VOLUNTEER SERVICES Application Form

Oak Park Campus 1701 Oak Park Boulevard Lake Charles, LA 70601		Women's Campus 1900West Gauthier Road Lake Charles, LA 70605			
			ı wish to volu		
[]0	ak Park	[] Wome	en's	] Undecided or Other	
Influenza Vaccines Yes		No	_(Vaccines l	Required)	
Name					
(Last)		t)	(MI)	(Nickname)	
Street Address:	DI	City:	***	StateZip:	
Birthday: Ho Cellphone:	me Phone:		Wo	rk Phone:	
Languages Spoken: Day of Week Preferred:	mpleted	Wo	ork Phone: sponsibilities:	er:	
Hours Preferred:			· · · · · · · · · · · · · · · · · · ·		
In Case of Emergency, con Name: Home Phone: How did you become interes	tact:	Rei Wo	ork Phone:	ference)	
Have you had volunteer expe	erience?	Yes	No		
If yes, give place & duties:					
Do you know a L.C.M.H. Vo Name of Volunteer:			Nc	,	
Check type of volunteer we				() Student Volunteer	
			( ) Teen Volunteer		
() Information Desk ()				( ) Other	
( ) Gift Shop	·				
Interest/Skills (please indicate which you would be willing to share as a volunteer)					
General Skills		computer	cash re	receptionistusing copier gistersales	

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Would you be willing to	o help with con	mmunity outreacl	n projects	(such as h	ealth fairs,	fundraisers,	etc.)?
Yes	No						

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:	LCMHS 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:

Revised: 11/6/2023