

Lake Charles Memorial Hospital Volunteer Services

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Would you be willing to help with community outreach projects (such as health 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 contendere 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