



VOLUNTEER APPLICATION

Return the application to: Volunteer Program Manager 1214 Coolidge Blvd Lafayette, LA 70503, email to moguidry@lgh.org, or fax 289-8671

**Please fill out the entire application. Incomplete applications will not be considered. ** Office Hours: 8 am to 4 pm Mon-Fri

Date _____ Desired LGH Location: LGMC _____ LGSW _____ UHC _____ SMH _____ AGH _____

Name you prefer to be called: _____

First Name: _____ M.I. _____ Last Name: _____

Address: _____
Street City State Zip

Birth Date: _____ Email: _____

Home Phone: _____ Cell: _____ Work: _____

Emergency Contact Information

Name: _____ Relationship: _____ Phone: _____

Physician: _____ Phone: _____

Employment

Please check all that apply: Employed (FT/PT) Self-employed Unemployed Retired Student

Employer: _____ Occupation or Previous Occupation: _____

Supervisor's Name: _____ Phone: _____

Can you be contacted at work? No Yes

Education

School/University: _____ Field of Study: _____ Degree: _____ Graduation Date: _____

Do you need to complete service hours for a school class/internship? No Yes # Hours _____ Month Semester

If yes, please list teacher/supervisor contact information: _____ Phone: _____

References

(Please provide 2 non-related professional contacts.)

	Name	Relationship	# of Years	Phone	Email
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____

Requirement

Can you make a commitment to volunteer at LGH at the same day and time every week for the next 6 months?

Yes No

If yes, indicate the day(s) and time available at the same day and time each week:

Monday/Hours: _____ Tuesday/Hours: _____ Wednesday/Hours: _____ Thursday/Hours: _____

Friday/Hours: _____ Saturday/Hours: _____ Sunday/Hours: _____

Do you know of any medical, physical, or emotional reasons that would affect your work as a volunteer for LGHS? Yes No

If yes, please explain: _____

Skills/Interests

Hobbies/Interest: _____

Language(s) spoken and/or written other than English: _____

Computer/office skills, please list: _____

Work & Life Experience

Please indicate the work and life experiences that contribute to your strengths as a volunteer applicant.

- Retail/sales/cashier Administrative/clerical Customer Service Caring for an ill relative/friend
- Education/teaching Food Services Camp Counselor Child Care
- Volunteering Career Change

Health care experience – please specify

Other: _____

Volunteer Experience

What have you previously done as a volunteer? Please check all that apply.

- Patient/visitor interaction in a health care environment Tutoring Campaign Work
- Meals on Wheels Research Recreation with children/adults Fundraising Admin/clerical
- Others _____

Please list your recent volunteer experience:

Name of organization: _____ Volunteer Dates From _____ To _____

Name of supervisor/phone _____

Please describe volunteer duties _____

How did you become interested in volunteering for Lafayette General Health? Please check all that apply.

- First-time volunteer Seeking exposure to health care environment Seeking work experience
- Live/work close to LGH Comfortable in a hospital environment Need hours/experience
- Former patient of LGH Enjoyed volunteering in a hospital in the past

Others _____

What volunteer area(s) interest you? Please check all that apply.

Greeting visitors and providing information Assisting visitors to areas of the hospital Clerical Central Supply
Pastoral Care/Spiritual visits Comfort visits to inpatients or at the Cancer Center
Assisting visitors in waiting room Gift Shop Attendant Rehab Assistant

What are your expectations from volunteering?

How did you hear about volunteer opportunities at Lafayette General Health?

Self/walk in LGH website School Employee Physician
LGH Volunteer Friend Volunteered in the past at LGH When? _____ Where? _____

Other _____

Confidential Conviction History

Have you ever been convicted of a crime? Yes No

If yes, please explain each offense, the violation, court, place of conviction penalty (fine, sentence, and/or date of court probation) and name under which convicted if other than the one listed above. You may omit any traffic offense for which the fine was less than \$150.

Do you need to complete court-mandated community service hours? No Yes # Hours _____

Criminal record is not necessarily a bar to volunteer service. Each case is given individual consideration based on job-relatedness.

As a volunteer to LGH, I pledge to conduct myself with dignity, treat patients and staff with respect and strive to make my volunteer work professional quality. I will be punctual and consistent when carrying out my duties and will accept supervision. I will consider all information I hear about patients and staff to be confidential, and will not seek additional information. I will follow all hospital policies and procedures. I will take any problems, criticism or suggestions to the Volunteer Manager.

I certify that the information in this application is true and complete to the best of my knowledge. I authorize LGH to contact places, employers, and persons listed for references as may be necessary for volunteer placement. I understand that as a volunteer I am required to abide by all rules and regulations of LGH. I understand this application does not guarantee me a volunteer position at any of the Lafayette General Health Hospitals.

X Name (please print) _____ Date _____

X Signature _____



FOR OFFICE USE ONLY

Orientation Date: _____

Assignment: _____