

Tulane Medical Center

Volunteer Services (HC-75)
 1415 Tulane Ave
 New Orleans LA 70112
 Phone: 504-988-5868 FAX: 504-988-9042

Tulane Lakeside Hospital

Volunteer Services
 4700 I-10 Service Road
 Metairie LA 70001
 Phone: 504-780-6507

VOLUNTEER APPLICATION

- Junior Volunteer – High School
- College/University/Technical/Trade Student
- Adult Volunteer

Name-Last: _____ First _____ Middle Initial _____ Date of Birth _____
Month – Day – Year (if under 18)

Address _____ Apt _____ City _____ State _____ Zip _____

Home Phone _____ Cell phone _____ Email Address _____

Are you a U.S. citizen? ___ Yes ___ No **If no**, type of Visa _____ Expiration Date: _____

A background check will be performed on anyone 18 years or older. (see attached)

Work Experience: (Begin with present or most recent)

Dates	Name of Company	Position	Phone #
From: _____ To: _____			
City and State			
From: _____ To: _____			
City and State			

Volunteer Experience:

Dates	Name of Company/Organization	Position or duties	Phone #
From: _____ To: _____			
City and State			

EDUCATION:

School currently attending or going to next session: _____

Current or entering: High School: ___ 9th ___ 10th ___ 11th ___ 12th College: ___ 1st year ___ 2nd year ___ 3rd year ___ 4th year **Other** _____

Course of study _____ If graduated, year: _____

Degree(s) earned: _____

Volunteer Service is: ___ an Interest in a health career ___ a pre-requisite or requirement (Provide a copy of documentation stating need for volunteer service.)
 ___ personal interest ___ Recommended by _____

I heard about volunteering by: ___ Church Bulletin ___ Newspaper ___ Physician/Office ___ Family/friend ___ Hospital lobby/waiting area ___ Other

Choose a hospital and service area(s) of interest:

Tulane Medical Center:

Clerical (Med. Records/Clinic) Cancer Center
 Information Desk/Admit Escort PT,OT,ST, TISM
 Surgery Waiting Room Radiology

Nursing Units

Cardio Vascular Recovery Area
 Emergency
 Endoscopy

Patient Discharge Center

Medical-Surgical
 Neuro-Stroke/ICU/CCU/Transplant
 Out Patient Surgery/PACU

Other: _____

Tulane Lakeside Hospital:

Clerical (Med. Records, Clinic) In-Patient Rehab,
 Information Desk/Admit Escort PT, OT, ST
 Surgery Wait Room

Nursing Units

Child Life/Pediatrics
 Emergency
 Medical-Surgical

Out Patient Surgery
 Postpartum
 Recovery (PACU)

Other: _____

Date I can begin service: _____

Check Availability	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning 8-12:00p or 9-1:00p						Limited	Limited
Afternoon 12-4:00p or 1-5:00p						Limited	Limited
Evening Until 8:00pm	Limited	Limited	Limited	Limited	Limited		

Emergency Contact: Name _____ Relationship _____

Home Phone _____ Cell Phone _____ Work Phone _____

Upon completing an application for Volunteer Service, I understand and agree that:

- submitting this application form does not automatically enlist me as a Tulane or Tulane Lakeside Volunteer.
- by submitting this form, I attest that the information I have provided is true and accurate.
- it may be necessary to check references with previous employers or volunteer stations in order to fully evaluate my application.
- identity and volunteer eligibility verification must be produced prior to my acceptance as required by the Immigration Reform and Control Act of 1986.
- an investigative report may be made by a consumer reporting agency to include information as to my character, general reputation, personal characteristics, and mode of living, whichever may be applicable.
- any information received by the facility will be kept entirely confidential. If any negative or derogatory information is received in such report, I will be notified and have the right to make a written request for a complete and accurate disclosure of additional information concerning the nature and scope of the investigation.
- if I accept a volunteer position with the facility, my position will be for no definite term and that either I, or the facility will have the right to terminate the volunteer relationship at any time, with or without cause, and with or without notice.

I acknowledge that I am aware of the facility's intent to check references and hereby authorize Tulane Health System/HCA to contact my current/former employers and/or volunteer stations.

Signed _____ Date _____ Parent/Guardian Signature if under 18 y/o: _____