

**Tulane University Hospital & Clinic**  
**1415 Tulane Ave HC-75**  
**New Orleans LA 70112**

**Tulane-Lakeside Hospital**  
**Volunteer Services/h2u Chapter**  
**4700 I-10 Service Road**  
**Metairie LA 70001**

ADULT VOLUNTEER APPLICATION Date \_\_\_\_\_

**NAME** \_\_\_\_\_ **Home PHONE** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_

Current Address: \_\_\_\_\_ Apt. # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email address: \_\_\_\_\_

Previous address (if current is less than 12 months)

\_\_\_\_\_

List any relatives currently employed or volunteering at Tulane or Tulane-Lakeside: \_\_\_\_\_

**Emergency Contact:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Home Phone \_\_\_\_\_ Other Phone \_\_\_\_\_

Service preference(s):  Clerical  Information Desk  Patient Escort  Rehab  Pediatrics  Cancer Center

Other interests \_\_\_\_\_

How long of a commitment can you make?  3 months  6 months  12 months  Indefinite  50 Hr Min

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Sat
Morning							
Afternoon							
Evening							

**Volunteer Experience:** (List most important; begin with most recent)

Dates	Name of Company/Organization	Phone #	Supervisor
From:			
To:			
From:			
To:			

**Work Experience:** (Begin with present or most recent)

Dates	Name of Company	Position	Phone #	Supervisor
From:				
To:				
From:				
To:				

References: List 2 unrelated to you or each other that we may contact.

Name and address	YearsKnown	Phone	Occupation

**Are you presently a student?**     No  Yes. If **Yes**, complete the following:

College/University/Technical/Trade School attending: \_\_\_\_\_

Major course of study: \_\_\_\_\_ 1<sup>st</sup> year \_\_\_\_\_ 2<sup>nd</sup> year \_\_\_\_\_ 3<sup>rd</sup> year \_\_\_\_\_ Other: \_\_\_\_\_

Is volunteer work:     a pre-requisite                       a course recommendation  
                                   a course requirement                       Interest in a health career

Number of hours required: \_\_\_\_\_

We ask that you complete a minimum of **50 Hours** before we release a confirmation or reference.  
 This is a volunteer service program, not for student -patient observation or job shadowing.

I certified that the information in this application is true and complete for all practical purposes. It may be verified by the facility or any affiliate. If I am accepted as a volunteer and later the information is found to be significantly untrue, incomplete, or misrepresented, I understand and agree that the facility or its affiliates are relieved of all commitments, financial or otherwise pertinent to my service, and that I am subject to immediate discharge without recourse.

I understand that 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. If such an investigative report is made, I understand that I will receive notice that such report has been requested, and that I will have the right to make written request of a complete and accurate disclosure of additional information concerning the nature and scope of the investigation.

I understand that the facility reserves the right to require its employees and volunteers to submit to blood tests and to allow inspection of bags (including purses or briefcases) or parcels brought into or taken out of Lakeside Hospital. I understand that refusal to allow a search, when requested to do so, may result in dismissal.

I understand and agree that 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.

**Release:**  
 I hereby authorize any prior employees to provide such information concerning my employment with them as may be requested.

I have read and understand these Conditions of Volunteer Services.	Signature	Date
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It is the policy of this facility to provide volunteer service opportunities to persons regardless of race, religion, age, gender, disability or any other classification in accordance with federal, state and local statues, regulations and ordinances.