

Adult Volunteer Application

(Check your hospital preference)

Tulane Medical Center
 Volunteer Services
 1415 Tulane Ave (HC-75)
 New Orleans LA 70112

Tulane-Lakeside Hospital
 Volunteer Services
 4700 I-10 Service Road
 Metairie LA 70001

Today's Date: _____

Name: Last Initial		First	Middle	Email address (if you have one)		
Phone-Home	Address:		Apt/Unit	City	State	Zip
Cell						

U.S. Citizen?: ____ Yes ____ No, Type of Visa _____ Expiration Date: _____

Have you ever been convicted of a crime? ____ No ____ Yes, offense: _____

Are you volunteering to complete mandated community service? ____ No ____ Yes, Number of hours _____ Deadline to complete _____

List any relatives currently employed or volunteering at Tulane Med Center, Tulane University, or Tulane-Lakeside: _____

Education: Check highest level achieved ____ Grade School ____ High School or GED ____ Some college ____ Degree earned _____

Work Experience: (Begin with present or most recent)

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

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

Dates	Name of Company/Organization	Position or duties	Phone #
From:			
To:			
From:			
To:			

How/Why did you choose Tulane Medical Center or Tulane-Lakeside Hospital? _____

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

Service preference:

Tulane-Lakeside: Clerical (Med. Records or Clinic) Information Desk Surgery Wait Room
 (Nursing Unit) OutPatient Surg Recovery Emergency Postpartum Med-Surg

Tulane Med. Center: Clerical (Med. Records or Clinic) Admit Escort Surgery Waiting ICU Waiting Areas
 (Nursing Units) Emergency Med-Surg Pediatrics/PICU Child Life

Other interests _____

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Sat
Morning 8-12:30p or 9-1:30p							
Afternoon 12-4:30p or 1-5:00p							
Evening							

Emergency Contact: Name _____ Relationship _____
 Home Phone _____ Cell Phone _____ Work Phone _____

I certify that this information to the best of my knowledge is true and complete. I hereby authorize Tulane University Hospital & Clinic/HCA to contact my former employers and/or volunteer stations. I also agree, upon such termination of volunteer duties, to return any property issued to me.

I understand that identity and volunteer eligibility verification must be produced prior to my acceptance as required by the Immigration Reform and Control Act of 1986.

It may be necessary, in order for us to fully evaluate your application, to check references with your previous employers or volunteer stations. Your signature below acknowledges that you are aware of our intent to check these references and approve of our doing so. Any information we receive will be kept entirely confidential. In accepting a volunteer position with Tulane, 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 a written request for a complete and accurate disclosure of additional information concerning the nature and scope of the investigation.

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.

Signed _____ **Date** _____