

Student Volunteer Application

(Chose a hospital)

TULANE MEDICAL CENTER

Volunteer Services HC 75
1415 Tulane Avenue
New Orleans LA 70112
(504) 988-5868 (Fax) 988-9042

TULANE-LAKESIDE HOSPITAL

Volunteer Services
4700 I-10 Service Road
Metairie LA 70001
(504) 780-4543 (Fax) 780-4437

Volunteer Name: Last _____ First _____ Date of birth: _____ Today's Date _____

Address _____ Apt. # _____ City _____ State _____ Zip _____

Home Phone _____ **Cell Phone** _____ **Email** : _____

HIGH SCHOOL (ages 15-17)

Name: Parent/Guardian _____ **Work or cell Phone: Mother** _____ **Father** _____

If an emergency, notify (if not parent/guardian): Name _____ Relationship _____ Phone _____

School _____ Graduation Year _____ IF required, how many service hours are needed? _____

Deadline to complete these hours? _____ Do you plan to complete all service hours at Tulane? _____

COLLEGE STUDENTS: College/University/Technical/Trade School attending: _____

Major course of study: _____ 1st year _____ 2nd year _____ 3rd year _____ 4th _____ Graduated: _____

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

If required, how many hours: _____ Date to complete _____ Do you plan to complete all hours at Tulane? _____

In case of an emergency, notify _____ Relationship _____ Phone _____

Have you ever been convicted of a crime? _____ No _____ Yes. If you are you volunteering to fulfill Community Service Hours, submit evidence with application.

Are you related to an employee or physician of Tulane University, Tulane Medical Center or Tulane-Lakeside Hospital? If yes,

Name _____ Department _____

Why/how did you choose Tulane or Tulane-Lakeside? _____

What are your expectations of volunteering at the hospital?

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

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

Under the appropriate day(s), list the time that you are available if different from time listed.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning 9:00a – 1:00p							
Afternoon 1:00p – 5:00p							
After 5:00pm							

Department of Interest (Monday-Friday, 9-5p): Radiology (All areas) Pediatrics Cancer Center Surgery, OPS, PACU PT, ST, OT
 Medical Records Clinics Rehab (Lakeside campus only)

Nursing Units may include: Emergency Med-Surg Bone Marrow Transp. Peds/Child Life ICU/CCU/SICU *Other:* _____

Please review. Upon completing application for volunteer service:

- I certify that the information in this application is true and complete for all practical purposes.
- I understand that if I do not complete a minimum of 50 hours, recognition or certification of hours will not be released to school or any other source.
- I understand that an investigative report may be made by a consumer reporting agency to include information as to my character, general reputation, 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 that the facility reserves the right to inspect bags (including purses or briefcases) or parcels brought into or taken out of the facility. If I refuse to submit to a search when requested, it may result in termination of my service.
- I understand and agree that if I am offered a volunteer position by the facility, my service 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 employers or volunteer agency to provide such information concerning my service with them as may be requested, and also authorize the Registrar/Placement Office of all educational institutions attended to release any faculty appraisals.

I have read and understand these conditions:

Volunteer: _____ Date _____ Parent/Guardian _____ Date: _____
 (for students under age 18)