

Natchitoches Regional Medical Center

Inspiring Excellence Everyday

Volunteer Application

Name: _____

First

Middle

Last

Address: _____

Street

City

State

Zip

Phone: (____) _____ Cell: (____) _____

Email Address: _____

Date of Birth (mm/dd/yyyy): _____

Work Status: ___employed ___retired ___homemaker ___unemployed ___student

Current place of employment or school attending: _____

Major/Minor: _____ Classification: _____

Do you have adequate means of transportation to fulfill your commitment as a volunteer? ___Yes ___No

In case of emergency, please notify:

Name: _____ Relationship: _____

Address: _____

Home phone: (____) _____ Cell: (____) _____

Physician: _____ Phone:(____) _____

How did you hear about our program?

___friend

___newspaper

___brochure

___Facebook

___NRMC Website

Work Experience:

___Administrative

___Clerical

___Computer

___Marketing

___Retail/Merchandising

___Public Relations

___Nursing

___Teaching

___Arts/Crafts/Music

___Finance/Bookkeeping

___Other: _____

Information for service area placement:

Are you able to push a wheelchair?

___Yes

___No

Are you able to be on your feet for four hours?

___Yes

___No

Do you have an area of service preference? Yes No

What area of preference? _____

Day(s) & Shift preference:

Monday morning afternoon
Tuesday morning afternoon
Wednesday morning afternoon
Thursday morning afternoon
Friday morning afternoon
Saturday morning afternoon
Sunday morning afternoon

Have you ever committed, been convicted of, or plead guilty to a felony or a misdemeanor?

No

Yes (please explain): _____

Please list two (2) personal references. **DO NOT** include relatives.

Name: _____ Address: _____

Phone: Home: (____) _____ Work:(____) _____ Cell: (____) _____

Name: _____ Address: _____

Phone: Home: (____) _____ Work:(____) _____ Cell: (____) _____

Applicant's Statement:

- I understand that an annual flu vaccination is required to maintain my status as a NRMC volunteer
- I understand and attest to abide by the NRMC Standards of Behavior
- I have read, understand and commit to the I EXCEL Standards of Behavior at NRMC
- I hereby acknowledge and understand that, as a NRMC volunteer, I am not an employee of NRMC, or entitled to any pay or benefits
- I certify that the information provided in this application is true in all respects, without any willful omissions. I understand that if the application is false in any way, I will be immediately dismissed, regardless of when the false information is discovered
- I agree to commit to a minimum of 100 volunteer hours per year from my starting date
- I understand and commit to following all volunteer department and hospital policies

Signature: _____ Date: _____