

Terrebonne General Medical Center ADULT VOLUNTEER APPLICATION

Name: _____ Date: _____

Address: _____
Street City State / Zip

Phone: _____ Cell Phone: _____ Other: _____

Emergency Contact Person: _____
Name Relationship Phone

Family Physician: _____ Phone: _____

Are you physically able to perform the job duties associated with the position for which you are applying? _____

If no, discuss: _____

How did you hear about the Volunteer Program? _____

Work Experience: _____

Special Skills or Interest: _____

Volunteer Experience

Institution	Address	Phone Number	Dates

References

Name	Address	Phone Number

Have you ever been convicted of a crime in the past 10 years excluding misdemeanors and summary offenses, which has not been annulled, expunged or sealed by the court? ___Yes___No. If "yes" describe in full:

Can you donate at least 6 months of service to the Volunteer Program? ___Yes ___No

Select the most preferred time to work:

Day	Morning	Afternoon
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

Applicant Signature: _____ Date: _____

Opportunities for volunteers are provided without regard to race, color, sex, age, religion, national origin, marital status, sexual preference/orientation, qualified disability and veteran status.

Once complete please return your application to the Guest Relations Coordinator's Office at:

**P.O. Box 6037
Houma, LA 70361**