NORTHERN LOUISIANA HOSPITAL AUXILIARY APPLICATION

The following information will be placed in a permanent file to aid your officers and area coordinators. Please fill out carefully and completely.

PERSONAL INFORMATION

Name:		
Name:	First	
Address:		
City:	State:	7in
Email:		
Phone Number	Cell Phone:	
EMERGENCY INFORMATION		
Emergency Contact		
Relationship to you	Home Phone	2
Work Phone	Cell Phone	
QUESTIONNAIRE		
1. Why are you interested in volunte		
2. Is there anything that may adverse No () Yes () If yes, please descr	elv affect vour ability to	nerform volunteer work?
3. By whom were you recommended	1?	
EDUCATION EXPERIENCE		
Education: Check highest level High School: 9 () 10 () 11 () College: 1 () 2 () 3 () 4 ()	12 () Graduate School: 1 () 2 () 3 () 4 ()
EMPLOYMENT EXPERIENCE:		
Have you ever worked at a hospital? Last Place of Work - if any:		
Business Name	Phone	
Position	I HOHE	

WORK PREFERENCE: Choose the station where you would feel most comfortable working. Please mark 1st and 2nd choice with a 1 or a 2 on the lines.

Information/ Welcome Desk	Hours	9:00 AM - 12:30 PM
G10 G1		12:30 PM - 4:00 PM
Gift Shop	Hours	9:00 AM - 12:45 PM
		12:45 PM - 4:30 PM
ICU Waiting Room	Hours	8:00 AM - 11:30 AM
		11:30 AM - 3:00 PM
		3:00 PM - 5:00 PM
Surgery Waiting Room	Hours	8:00 AM - 11:30 AM
		11:30 AM - 3:00 PM
SERVICE AREA: Please check the (Not required		where you would like to serve
Membership and Recruitment		
Scrapbooking		
Promotion and Publicity		
Newsletter		
Projects		
•		

ADDITIONAL INFORMATION:

50 hours a year are required for active members.

Annual Dues: \$10.00 Active Members and Associate Members

Pay when you first begin, then once annually at Fall Meeting

Uniform: Uniforms are provided free of charge by the hospital. You will receive your

uniform, badge, patch and parking tag once you have been approved.

Orientation: You are required by hospital policy to attend Orientation before being assigned to a regular work place. You will be contacted by the Vice President after you return this completed form. At orientation you will be asked to show your SS card (not a copy) and your drivers license. You will also take a written test and a drug test.

Mail application to Tami Davis, Northern Louisiana Medical Center, Ruston, LA 71270 Be sure to read your auxiliary handbook when it is given to you. It tells about dress code and rules of operation.

CERTIFICATION AND AUTHORIZATION

I certify that the information I have provided is true and complete to the best of my knowledge. I understand that misrepresentation, falsification, or omission of information may disqualify me from further consideration for volunteering, or may result in my termination as a volunteer.

If accepted as a volunteer, I understand that I must abide by all of the policies, rules and regulations of the Auxiliary and the Medical Center.

I authorize the Auxiliary to investigate all statements contained in this application and to make inquiries of my personal references and medical history, as well as other related matters as may be necessary for determining my eligibility as a volunteer. I hereby release physicians, employers, schools or individuals from all liability in responding to inquiries relating to my volunteer application.

Name:	 	
Date:		
(Adapted January 2011)		