

**LAC+USC HEALTHCARE NETWORK**  
**Volunteer Service Department**  
 1200 N. State Street, Inpatient Tower -1K-311  
 Los Angeles, CA 90033  
 Telephone (323) 409-6945 Fax (323) 441-8399

**OFFICE USE ONLY**

Vol. #
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**VOLUNTEER APPLICATION**

**Date**

1. Name- Last		First		Middle		Sex F <input type="checkbox"/> M <input type="checkbox"/>	Birth Date			
2. Local Home Address (no PO Box) Number		Street	Apt. #	City		State		Zip Code		
3. Home phone number		Business/message phone		Cellular phone number		E-mail address				
4. Medical Insurance Name & Policy Number				Physician's Name		Phone Number				
5. Name of School past or Presently Attending-must provide verification				Address		GPA	Graduation Year	Degree		
6. Previous Volunteer Experience				Duties			Length of time			
7. Hobbies/sports or personal talents				8. Are you interested in the Health Care field? If yes, what discipline? If no, what is your career choice?						
9. List any Technical skills /creative skills/other skills				10. Explain your interest in Volunteering?						
Are you bilingual - No <input type="checkbox"/> Yes <input type="checkbox"/> what language?										
11. Name of friend or relatives Volunteering or Employed by LAC+USC				12. Why do you wish to volunteer at LAC+USC Medical Center?						
13. Type of Volunteer program applying for? Check one ONLY ___ DEM ___ CMV ___ Child Care ___ Ward areas ___ Office/Clerical ___ Other:				14. Type of Volunteer assignment preferred? Are you comfortable volunteering and interfacing with Patients?						
15. Is there a particular Type of assignemnt or Volunteer duty you would prefer to do?				Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
				(Please list days and times /shift available )						
16. Provide TWO local (Southern California) references. Do NOT use relatives or people living with you. You may use teachers, employers, clergy, etc.										
1. Name		Address		Number		Street		City		Zip-Code
2. Name		Address		Number		Street		City		Zip-Code
17. List two Emergency Contacts: Name			Relationship	Phone No.	Home	Work	Cellular		Pager	

18. Present/Last Employer	Payroll Title	Length of Employment	Duties
Address	City	State	Employed currently? <input type="checkbox"/> YES <input type="checkbox"/> NO
			If NO, Reason for leaving. If YES, may we contact your employer?

19. Have you ever been fired or asked to resign?  YES  NO  
 If "YES," please attach an explanation with the name and address of the company, and the date and the reason for the termination

20. Have you ever been convicted of a misdemeanor or felony by a criminal or military court  YES  NO  
 If "YES," please complete the Record of Convictions section below. List all convictions. Attach an additional sheet if necessary.

OTHER NAMES USED	DATE OF BIRTH	Month	Day	Year
SOCIAL SECURITY NUMBER				
OFFENSE or CASE NAME (Give Penal or other code section if known)				
CASE NUMBER	LOCATION OF COURT	City	State	
CONVICTION/ORDER DATE	Month	Day	Year	SENTENCE or FINE

I hereby certify under penalty of perjury, that all statements made in connection with this application for volunteer work are true to the best of my knowledge. I hereby authorize the LAC+USC Healthcare Network Volunteer Services Department to obtain records of my criminal convictions from the California Department of Justice or any other agency that collects such records.

I understand that my Volunteer commitment will be for 200 hours minimum.

Applicant Name (print) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

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	Date	BY	Comments
Received/Reviewed:	_____	_____	_____
References Sent:1st &2nd	_____	_____	_____
References Received:1st& 2nd	_____	_____	_____
References Resent:	_____	_____	_____
Interview:	_____	_____	_____
Accepted/Program :	_____	_____	_____
Sent to Livescan Fingerprints:	_____	_____	_____
Health Screening:	_____	_____	_____
Orientation scheduled :	_____	_____	_____