

Thank you for your interest in becoming a part of our volunteer program at Lane Regional Medical Center. To start the process of joining our volunteer team, please fill in the application below. You may drop off your completed application at the front communications desk or email to volunteer@lanermc.org.

First Name: _____ **Last Name:** _____

Mailing address: _____ **City** _____ **State** _____ **Zip** _____

Phone:() _____ **Cell:**() _____

Email: _____

Date of Birth: _____/_____/_____

Have you ever volunteered before? _____ **If yes, please list where below with your supervisor name:**

1. _____

2. _____

What days of the week are you available to volunteer? _____

What hours of the day are you available to volunteer? _____

What area would you be interested in serving:

_____ Hospitality _____ Events _____ Gift Shop _____ Clerical _____ Information Desk

Do you have any physical limitations? _____ **If yes, please explain below:**

Please list two personal references not related to you. Include name, phone number, and relationship:

1. _____

2. _____

Your signature authorizes any individual, company, institution, or agency to release information regarding my previous employment or volunteer activities and/or personal reference to Lane Regional Medical Center. Return this application to the Volunteer Services Director by dropping off in Human Resources Office or the Lane Gift Shop. Once received, you will be contacted for a personal interview and complete a background authorization check. All volunteers at Lane RMC are subject to the same policies, and procedures as employees. Thank you for your interest in serving our patients, families, and employees.

Signature

Date

If you have any questions, please contact the Volunteer Services director at 225-658-6699. Once your application has been reviewed, you will be contacted for an interview. We will work to see how to best match your talents and interests with our needs at Lane.