



Lane RMC Volunteer Services Application

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 below 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. 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.

Completed applications can be dropped off at the front desk in the main lobby addressed to VOLUNTEER SERVICES or sent in via email to volunteer@lanermc.org.

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.