

Our Lady of Lourdes Regional Medical Center
DEPARTMENT OF VOLUNTEER SERVICES
VOLUNTEER REGISTRATION

**Volunteering for court
ordered community service
hours is not allowed**

Name (Last)_____ (First)_____ (MI)___ Date:_____

Home Address (Street) _____ City_____ State_____ Zip_____

Date of Birth (Month/Day/Year)_____ Phone(H)_____ Cell #_____

Email Address _____ @ _____ SS#_____

Emergency contact:_____ Relationship_____ Phone_____

Present Employer (if applicable) _____ Phone_____

School attending (if applicable) _____ Major:_____

Previous volunteer experience_____

Community Affiliations (Social, Service)_____

Physical Limitations? _____ If so, please explain_____

Referred by: _____

Character Reference #1 (Name)_____ Phone #_____

Character Reference #2 (Name)_____ Phone #_____

Availability to Volunteer

How many hours do you intend to volunteer per week? _____

Please check your availability:	Mon	Tue	Wed	Thur	Fri	Sat	Sun
Mornings:	___	___	___	___	___	___	___
Afternoon:	___	___	___	___	___	___	___
Evenings:	___	___	___	___	___	___	___

Do you plan to volunteer year round? Yes___ No___ If no, which months?

Jan. ___ Feb ___ Mar ___ Apr ___ May ___ Jun ___ Jul ___ Aug ___ Sep ___ Oct ___ Nov ___ Dec ___

Volunteer Opportunities – Check those which interest you:

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> Patient Advocacy | <input type="checkbox"/> Eucharistic Minister | <input type="checkbox"/> Emergency Room Asst. | <input type="checkbox"/> All |
| <input type="checkbox"/> Clerical Asst. | <input type="checkbox"/> Northside Clinic | <input type="checkbox"/> Golf Carts | <input type="checkbox"/> St. Mary's OP Rehab |
| <input type="checkbox"/> Camp Blue Bird | <input type="checkbox"/> Greeter | <input type="checkbox"/> Rehab Medicine | <input type="checkbox"/> Animal Assisted Therapy |
| <input type="checkbox"/> St. Bernadette's Clinic | <input type="checkbox"/> Special Events | <input type="checkbox"/> Pre-admit Dept. | |

“Our Lady of Lourdes Mission Statement”

Our Mission is inspired by the vision of St. Francis of Assisi and in the tradition of the Roman Catholic Church. We extend the healing ministry of Jesus Christ to God's people, especially those most in need.

As employees and volunteers of Our Lady of Lourdes Regional Medical Center, we are called forth to serve others using our gifts and talents to create a spirit of healing.

We recognize the values of SERVICE, REVERENCE AND LOVE FOR ALL, JOYFULNESS OF SPIRIT, HUMILITY and JUSTICE as being the very core of what we do for those entrusted to our care.

We believe that with God's help we are able to provide a healing and spiritual presence for each other and for the communities we are privileged to serve.

Please give us your feelings concerning our Mission Statement:

Why are you interested in volunteering at Our Lady of Lourdes Regional Medical Center?

Name

Date

**Mail this completed application to: Our Lady of Lourdes Regional Medical Center
Attn: Marcia DeRoussel, Volunteer Manager
4801 Ambassador Caffery Parkway
Lafayette, LA 70508**