

DATE OF APPLICATION _____

Mr. Mrs. Ms.

LAST NAME _____ FIRST NAME _____ MIDDLE _____

HOME ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME TELEPHONE _____ CELL PHONE _____

CAR LICENSE#: _____ SOCIAL SECURITY# _____ - _____ - _____

BIRTHDATE _____ SEX _____

EMAIL _____

DO YOU PREFER PATIENT CONTACT _____ NO PATIENT CONTACT _____

DAYS AND HOURS YOU ARE AVAILABLE TO WORK: _____

REFERENCE (Person who can recommend you to us)

NAME _____

ADDRESS _____

PHONE# _____

IN CASE OF EMERGENCY, CONTACT

NAME _____

PHONE # _____

RELATIONSHIP _____

PLACE OF EMPLOYMENT

NAME _____

ADDRESS _____

PHONE # _____

PLEASE RETURN COMPLETED APPLICATION TO:
LSU Health Shreveport – Feist-Weiller Cancer Center;
P.O. Box 33932; Shreveport, LA 71130-3932; Attn: Julie Burton

Patient Confidentiality

All hospital volunteers must understand the fundamental principles of confidentiality. The importance of these fundamental principles is emphasized during the Medical Center's Volunteer Orientation period. Volunteers are informed of the policies and procedures in their respective work areas: acknowledge agreement to adhere to the rules; and confirm knowledge of dismissal of volunteer position for security violations. Documentation of this training shall be maintained in the volunteer's file. Telephone request for patient information is not permitted by volunteers. Such requests are to be handled by the appropriate staff in the areas concern.

Volunteer's Signature

Date