



Volunteer Application

PERSONAL INFORMATION

_____	_____	_____
First Name	Middle Initial	Last Name

Home Address		
_____	_____	_____
City	State	Zip Code
(_____) _____	_____	
Phone Number	Email Address	

QUALIFICATIONS

☐ I certify that I am 18 years of age or older
Check Here

Have you ever been convicted of a felony? Yes No

Are you authorized to work in the United States? Yes No

VOLUNTEER PREFERENCES

Where would you like to volunteer?

☐ SMH/North Shore

What is your area of interest as a volunteer?

- | | | |
|--|--|--|
| <input type="checkbox"/> Hospital/inpatient units | <input type="checkbox"/> Cancer Center | <input type="checkbox"/> Way-finding |
| <input type="checkbox"/> Spiritual Care | <input type="checkbox"/> Pet Therapy | <input type="checkbox"/> Music/Entertainment |
| <input type="checkbox"/> Allied Health (radiology, PT, OT, etc.) Please specify: _____ | | |
| <input type="checkbox"/> Gift Shop | <input type="checkbox"/> Other _____ | |

EMERGENCY CONTACT

_____	(_____) _____
Name	Phone Number



Volunteer Agreements

I understand that I may receive proprietary, privileged, and/or confidential information in orientation and while volunteering at Ochsner. I will adhere to my responsibilities to maintain confidentiality at all times. I understand that I may receive orientation through an email link and that it is intended for the sole use of me as a volunteer applicant. I will not disseminate, distribute, or copy orientation to anyone else.

☐

I understand and agree to the above statement.

[Check Here](#)

If accepted, I will contribute in excess of 50 hours in a timely manner. I also understand that I will not be paid for my service.

☐

I understand and agree to the above statement.

[Check Here](#)

I certify that the answers given to the foregoing statements are correct and without omission. I authorize the company to investigate the foregoing; and release my former employers from any liability for damage, which may result from any such investigation. If upon investigation, anything contained in this application is found to be untrue, I understand I will be subject to dismissal at any time during the period of volunteering.

☐

I certify the above is true to the best of my knowledge

[Check Here](#)

Volunteer Applicant Signature

Date

DEMOGRAPHIC INFORMATION (optional)

I am voluntarily providing my demographic information below. I understand that failing to provide this information **does not** affect my ability to participate in volunteer services.

Sex:

☐ Male

☐ Female

☐ Non-binary

☐ Prefer not to answer

Race:

☐ American Indian or Alaska Native

☐ Asian

☐ Black or African-American

☐ Hawaiian/Pacific Islander

☐ Multiracial

☐ White

☐ Other _____ ☐ Prefer not to answer

Ethnicity:

☐ Hispanic or Latino

☐ Non-Hispanic or Latino

☐ Prefer not to answer



Ochsner Health endeavors to make our site accessible to all users. If you would like to contact us regarding the accessibility of our website, or if you need an accommodation to complete the application process, please contact our Volunteer Office at 504-842-5085 or volunteerservices@ochsner.org.

We are proud to be an Equal Employment Opportunity and Affirmative Action employer. We are committed to the principles of equal employment opportunity and providing a workplace that is free from discrimination based on race, color, creed, religion, pregnancy status, pregnancy-related conditions, national origin, ancestry, mental or physical disability, medical condition, age, veteran status, military status, citizenship status, marital status, familial status, sexual orientation, gender, gender identity or expression, genetic information, political affiliation, unemployment status, or any other characteristic protected under applicable federal, state or local law.

Terms and Conditions

Prior to volunteering and as a condition of volunteering, if you are offered a position:

- You will be required to sign a release authorizing Ochsner Health to run a background check, which requires a criminal records check and other items.
- You will be required to submit to drug and alcohol testing, which may be administered by blood test, urinalysis, or other methods, as requested by Ochsner Health. Refusal to submit to such testing will result in revocation of the offer of volunteer service.
- You may be required to complete a health screen which is specific to the duties of your position. This screen shall include being inoculated against certain contagious diseases. This is also true for continued volunteer service. Ochsner shall make exceptions to inoculation requirements for medical, religious, or philosophical needs.

Please understand that your completion of this application does not mean that a volunteer opening exists, does not guarantee that you will be considered for any existing opening, and does not obligate Ochsner Health to offer a volunteer position to you.

Volunteering with Ochsner is "at will," meaning that you do not have a contract for volunteer service, and your volunteer service is not guaranteed for any duration. Volunteer service is not guaranteed and either you or Ochsner may terminate your volunteer service at any time for any reason.