

**Volunteer Services**  
 1401 Foucher Street  
 New Orleans, LA 70115  
 (504) 897-8107



**VOLUNTEER APPLICATION**

Date of Application \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Name (First, Middle, Last Name) \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 E-mail Address \_\_\_\_\_

**AVAILABILITY**

Date Available to Start: _____			Position of Choice: _____						
<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening	<input type="checkbox"/> Weekdays: M	T	W	Th	F	<input type="checkbox"/> Weekends: S	S

**EDUCATION, SKILLS, BACKGROUND**

Highest Level of Education  High School  College  Graduate School Other: \_\_\_\_\_  
 School Now Attending \_\_\_\_\_  Freshman  Sophomore  Junior  Senior  
 Computer Skills  Yes  No Computer Applications \_\_\_\_\_  
 Foreign Language Fluency  Spanish  French Other: \_\_\_\_\_  
 Special Skills/Activities \_\_\_\_\_  
 Relevant Work/Volunteer Experience \_\_\_\_\_  
 Why do you want to volunteer at Touro? \_\_\_\_\_  
 Have you been convicted of a crime other than a minor traffic violation?  Yes  No  
 If yes, please explain: \_\_\_\_\_  
 How did you hear about this program? \_\_\_\_\_

**EMERGENCY CONTACT**

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
 Address \_\_\_\_\_ Phone No. \_\_\_\_\_

**REFERENCES**

Name (Do not list relatives.)	Relationship	Phone No.	Email Address

*I hereby certify that the above information is true and complete to the best of my knowledge. I understand that any false or misleading statement can be grounds for denying me a volunteer placement or termination of my volunteer service.*

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_



APPLICANT AUTHORIZATION AND CONSENT FOR RELEASE OF INFORMATION

Thank you for your application with TOURO INFIRMARY (hereinafter referred to as "Touro"). We're proud that our success is the result of the quality and caliber of our employees. You are applying for a position whose acceptance will place you in a category of recognized Professionals. In pursuit of that excellence, we require, as a condition of employment, and/or continued employment, that all applicants consent to and authorize a pre-employment verification of the background information submitted on their application or resume.

This release and authorization permits Touro to conduct and to receive any motor vehicle and/or criminal history record information pertaining to me which may be in the files of any Federal, State, or Local criminal justice agency in any State and/or other information as deemed necessary to fulfill the job requirements. The result of this verification process will be used to determine employment eligibility under Touro's employment policies.

- I, the undersigned applicant, do hereby certify that the information provided by me for the purpose of employment is true and complete to the best of my knowledge. I understand that if I am employed any false statements will be considered as cause for dismissal.
I authorize Employment Research Services of Louisiana, (hereinafter referred as "ERS"), and any of its agents/designated Company Personnel, to disclose orally and in writing the results of this verification process and/or interview to the designated authorized representatives of Touro.
I have read and understand this release and consent, and I authorize the background verification. I authorize persons, schools, current and former employers, and other organizations and Agencies to provide ERS with all information that may be requested, and I hereby release all of the persons and Agencies providing such information from any and all claims and damages connected with their release of any requested information. I agree that any copy of this document is as valid as the original.
I do hereby agree to forever release and discharge the Company, our agents, ERS, and their associates to the full extent permitted by law from any claims, damages, losses, liabilities, costs and expenses, or any other charge or complaint filed with any agency arising from the retrieving and reporting of information. According to the Federal Fair Reporting Act, I am entitled to know if employment was denied based on information obtained by my prospective employer, and to receive, upon written request, a disclosure of the public record information and of the nature and scope of the investigative report.

APPLICANT: Please list all Parishes, Counties and States where you have lived in the past ten (10) years.

Parish/County State Parish/County State Parish/County State

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Name Typed or Printed: LAST, FIRST, MIDDLE DATE

Maiden Name or Other Name Used In The Past

Signature SS#

Address:

Date of Birth Driver's License # / State

FOR OFFICE USE ONLY: Verified SS# Faxed