

Please complete and email to: volunteerservices@dhs.lacounty.gov

LAC+USC MEDICAL CENTER | VOLUNTEER SERVICES | 2051 Marengo St. IPT 1K-311 - LOS ANGELES, CA 90033 | (323) 409-6945

OFFICE USE ONLY
C #

JUNIOR VOLUNTEER APPLICATION (PLEASE TYPE or PRINT IN BLACK ORBLUE INK)

DATE:

1. LAST NAME	FIRST NAME	MIDDLE NAME	SOCIAL SECURITY #		GENDER F M	DATE OF BIRTH
2. HOME ADDRESS	(BDG / APT / UNIT / RM)	CITY	STATE	ZIP		
3. HOME PHONE #	CELL PHONE #	E-MAIL ADDRESS				
3. PARENT / GUARDIAN NAME	BUSINESS PHONE #	CELL PHONE #	E-MAIL ADDRESS			
4. MEDICAL INSURANCE PROVIDER / POLICY #			PRIMARY PHYSICIAN		PHONE #	
5. SCHOOL CURRENTLY ATTENDING	ADDRESS	GRADE	GPA	GRADUATION YEAR		
6. PREVIOUS VOLUNTEER EXPERIENCE	DUTIES		LENGTH OF TIME			
7. WHAT CAREER ARE YOU INTERESTED IN?			8. LIST ANY PERSONAL HOBBIES / SPORTS:			
9. WHY DO YOU WISH TO VOLUNTEER AT LAC+USC MEDICAL CENTER?			10. LIST ANY TECHNICAL AND/OR CREATIVE SKILLS / TALENTS YOU MAY HAVE:			
11. WHAT DO YOU HOPE TO GAIN FROM YOUR VOLUNTER EXPERIENCE?			11. SCHOOL ACTIVITIES PRESENTLY INVOLVED WITH:			
13. PLEASE INDICATE WHICH AREA YOU WOULD LIKE TO VOLUNTEER IN (CHECK ONE ONLY):			12. NAME OF FRIEND OR RELATIVE EMPLOYED OR VOLUNTEERING AT LAC+USC:			
<input type="checkbox"/> CHILD CARE <input type="checkbox"/> PATIENT CARE UNITS <input type="checkbox"/> CLINICS <input type="checkbox"/> OFFICE CLERICAL <input type="checkbox"/> GUEST SERVICES						
14. PROPOSED SCHEDULE MUST BE A MINIMUM OF ONE 4 HOUR SHIFT OR TWO 2 HOUR SHIFTS PER WEEK. JUNIOR VOLUNTEERS MAY ONLY VOLUNTEER DURING OFFICE HOURS: MONDAY - FRIDAY, 7:30 AM - 6:00 PM AND SATURDAY, 7:30 AM - 4:00 PM						
MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	

