



LAC+USC MEDICAL CENTER
VOLUNTEER SERVICES
2051 MARENGO ST., Building H, Room 1K311
LOS ANGELES, CA 90033
(323) 409-6945



Adult Volunteer Minimum Requirements

Please submit application via email to: volunteerservices@dhs.lacounty.gov

The application packet must have all the contents in one e-mail. Failure to include items on e-mail will be rejected.

Current students must submit:

- Completed application
- Unofficial Transcripts (minimum 2.75 GPA) or certificate of completion from a university or college
- Letter of Recommendation

Non-students must submit:

- Completed application
- Letter of Recommendation

Applicants are highly encouraged to include any additional documents that may strengthen their application (i.e. resume/CV, AA Degree, Certifications, Awards/Honors, etc.)

Volunteer Process: If accepted to the volunteer program, please expect the following steps before you start volunteering.:

1. Interview
2. Successfully complete Health Clearance with Employee Health
3. Complete a background check with Human Resources (after receiving Health Clearance certificate)
4. Attend orientation and complete learning net training on code of conduct, county policy of equity, and sexual harassment prevention
5. Must be willing to dedicate a minimum of 200 hours (4 hours per-week minimum)

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OFFICE USE ONLY
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ADULT VOLUNTEER APPLICATION (PLEASE PRINT IN BLACK OR BLUE INK)

DATE:

1. LAST NAME		FIRST NAME		M.I.	SOCIAL SECURITY #		GENDER F M		DATE OF BIRTH		
2. HOME ADDRESS (BDG / APT / UNIT / RM)			CITY			STATE		ZIP			
3. HOME PHONE #		BUSINESS PHONE #		CELL PHONE #			E-MAIL ADDRESS				
4. MEDICAL INSURANCE PROVIDER / POLICY #					PRIMARY PHYSICIAN			PHONE #			
5. SCHOOL PREVIOUSLY OR CURRENTLY ATTENDING			CITY, STATE		GPA (IF APPLICABLE)	GRAD YEAR (IF APPLICABLE)		MAJOR / DEGREE (IF APPLICABLE)			
6. PREVIOUS VOLUNTEER EXPERIENCE			DUTIES			LENGTH OF TIME					
7. WHICH HEALTH CARE DISCIPLINE ARE YOU INTERESTED IN? IF NOT HEALTH CARE, WHAT IS YOUR CAREER GOAL?						9. LIST ANY PERSONAL HOBBIES / SPORTS:					
8. WHERE DID YOU HEAR ABOUT THE LAC+USC VOLUNTEER PROGRAM (CHECK ALL THAT APPLY) LAC+USC WEBSITE WEB SEARCH SOCIAL MEDIA OTHER (PLEASE SPECIFY):											
10. WHY DO YOU WISH TO VOLUNTEER AT THE LAC+USC MEDICAL CENTER?						12. LIST ANY TECHNICAL AND/OR CREATIVE SKILLS / TALENTS YOU MAY HAVE:					
11. NAME OF FRIEND OR RELATIVE EMPLOYED OR VOLUNTEERING AT LAC+USC:											
13. PROPOSED SCHEDULE (LIST TIME SLOT AVAILABILITY; MINIMUM OF ONE 4 HOUR SHIFT PER WEEK):											
MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY		SATURDAY	SUNDAY
14. LIST TWO (2) EMERGENCY CONTACTS:											
NAME		RELATIONSHIP		HOME PHONE #			BUSINESS PHONE #		CELL PHONE #		
NAME		RELATIONSHIP		HOME PHONE #			BUSINESS PHONE #		CELL PHONE #		

15. PRESENT / LAST EMPLOYER		PAYROLL TITLE		LENGTH OF EMPLOYMENT
ADDRESS	CITY	STATE	PHONE #	PRESENT EMPLOYER? IF NO, STATE REASON FOR LEAVING. IF YES, MAY WE CONTACT YOUR EMPLOYER? YES NO
16. HAVE YOU EVER BEEN FIRED OR ASKED TO RESIGN? IF YES, PLEASE ATTACH AN EXPLANATION WITH THE NAME AND ADDRESS OF THE COMPANY, AND THE DATE AND REASON FOR THE TERMINATION.				YES NO
17. HAVE YOU EVER BEEN CONVICTED OF A MISDEMEANOR OR FELONY BY A CRIMINAL OR MILITARY COURT? IF YES, PLEASE COMPLETE THE RECORD OF CONVICTIONS SECTION BELOW. LIST ALL CONVICTIONS. ATTACH AN ADDITIONAL SHEET IF NECESSARY.				YES NO
OTHER NAMES USED:		DATE OF BIRTH:	SOCIAL SECURITY #	
OFFENSE OR CASE NAME (INDICATE PENAL OR OTHER CODE SECTION IF KNOWN):				
CASE NUMBER:		LOCATION OF COURT (CITY / STATE):		
CONVICTION / ORDER DATE:		SENTENCE OR FINE:		

● I HEREBY CERTIFY UNDER PENALTY OF PERJURY THAT ALL STATEMENTS MADE IN CONNECTION WITH THIS APPLICATION FOR VOLUNTEER WORK ARE TRUE TO THE BEST OF MY KNOWLEDGE. I HEREBY AUTHORIZE THE LAC+USC HEALTHCARE NETWORK VOLUNTEER SERVICES DEPARTMENT TO OBTAIN RECORDS OF MY CRIMINAL CONVICTIONS FROM THE CALIFORNIA DEPARTMENT OF JUSTICE OR ANY OTHER AGENCY THAT COLLECTS SUCH RECORDS.

● I UNDERSTAND THAT THE PROGRAM I'M APPLYING FOR CONSISTS OF A 200 HOURS MINIMUM COMMITMENT TO .

APPLICANT NAME (PRINT):

SIGNATURE:

DATE:

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	DATE	BY	COMMENTS
RECEIVED / REVIEWED:	_____	_____	_____
INTERVIEW SCHEDULED FOR:	_____	_____	_____
ACCEPTED / PROGRAM:	_____	_____	_____
ORIENTATION SCHEDULED:	_____	_____	_____