



Volunteer Application Form

Name: _____ **Phone #:** _____

Email: _____

Are you in school? _____ **If yes, where?** _____

Are you an assigned intern from this school? _____

Clinic preference: _____

**If you know days and hours that you would like to come in,
please write below:**

How did you find out about us? _____

**After filling out this form, you may bring it in, mail it to 11320
Industriplex Blvd, Baton Rouge, LA 70809, or fax it to (225) 295-8236.**

Thanks!