



VOLUNTEER APPLICATION FORM

Name _____ Date of Birth _____

Address _____ City _____

State _____ Zip _____ Phone _____ Email _____

Where do you work/study? _____ Hrs/Week _____

Type of volunteer work desired _____

Previous volunteer experience _____

Have you ever worked for Mercy Care Rome before? Yes _____ No _____

If yes, when and what did you do? _____

List specialized training, license, certifications, skills and/or interests.

What are your special talents? _____

List restrictions that could affect your availability for volunteer work (family, work schedules, etc.) _____

How did you hear about Mercy Care Rome? _____

Please list 2 personal references other than family members:

Name _____ Phone _____

Name _____ Phone _____

EMERGENCY CONTACT INFORMATION

Name _____ Phone _____ Relationship _____

Physician _____ Phone _____

Allergies _____

Send applications to Stacey Mullis, MCR Coordinator at smullis@mercyatlanta.org