



Mercy Care Volunteer Application

Date: _____

First Name	Middle Initial	Last Name
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Mailing Address	City	Zip
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Home Phone	Work Phone	Cellular Number
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E-mail address	FAX Number
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Business/Organizational Affiliation	Position
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Foreign languages	Country of origin
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Do you require special accommodations due to a handicap? _____

In case of emergency contact (relation)	Phone
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Previous volunteer experience? (Specify) _____

How did you hear about this program? _____

Why do you want to volunteer with our organization? _____

What type of volunteer work do you prefer

Medical/Dental Services

Clerical work

Education

Language translation/interpretation

Health Fair

Special Project/event

Other _____

How long do you plan to volunteer? (Months/Years)

What day(s) can you volunteer?

Comments: _____

Contract for Volunteer Services and Release of Liability

FOR GOOD AND VALUABLE CONSIDERATION, THE SUFFICIENCY AND RECEIPT OF WHICH I HEREBY ACKNOWLEDGE, I agree to the following.

- (1) To familiarize myself with the mission and vision of Mercy Care and remain knowledgeable about the mission and vision during the time I work as a volunteer MERCY CARE;
- (2) To contribute my time, interests and skills to work as a provider MERCY CARE;
- (3) To respect the policies and the guidelines of MERCY CARE programs; and
- (4) To assume responsibility for myself and my actions.

I further agree not to sue and waive any right to sue and agree to forever release and discharge Saint Joseph’s Health System (“SJHS”) and MERCY CARE and any other subsidiary corporations of SJHS or MERCY CARE from all liability for property damage, and/or personal injury claims arising out of or related to my services at MERCY CARE.

I hereby confirm, represent and warrant that I have never been convicted of or charged with a violent crime, child abuse or neglect, child pornography, child abduction, kidnapping, rape or any sexual offense, nor have I ever been ordered by a court to receive psychiatric or psychological treatment in connection therewith.

Signature

Date

Parent/Guardian signature required, if less than 18 years of age.

Thank you for choosing Mercy Care!

T. B. (Tuberculosis Screening) Requirement

All employees and volunteers must have a skin test for tuberculosis within the past year. This must have been interpreted by a health care professional. If the test is positive the volunteer must have a chest x-ray. It is the new employee's/volunteer's responsibility to get a TB test before starting with SJMCS.

Please send completed form to:

Nicole Smith

Volunteer Coordinator

Mercy Care

424 Decatur Street, Atlanta, GA 30312

678-843-8510

678-843-8501 (fax)

Nsmith2@mercyatlanta.org