



700 Oglethorpe Avenue, Suite C7
Athens, GA 30606
706-425-9445
www.mercyhealthcenter.net

Office Use

- Immunization Rec. Received _____
- Reference Check _____
- Confidentiality Agreement _____

Patient Support Volunteer Application

Name _____ Date of Application _____
 Date of Birth _____ Local/ Mailing Address: _____
 City _____ State _____ Zip Code _____
 Local/Mobile Phone _____ Email Address _____

Permanent Address _____
 City _____ State _____ Zip Code _____

If currently employed, please list the name of your employer & your job title:
 Employer _____ Title _____

If currently enrolled, please list your school, major & the highest year you have completed.
 School _____ Year _____ Major _____
 Intended Graduation Date _____ Career Aspiration _____

What is your faith identity? (e.g., Christian, Jewish, Muslim, Buddhist, No Faith, etc.) _____
 What house of worship do you attend, if applicable? _____

What previous work or volunteer experience and/or skills and talents do you have that may enhance your contribution to Mercy Health Center? _____

What volunteer role / opportunity interests you most? (Please circle all that apply)

- | | | | | | |
|----------------------|--------------------|-------------------|-----------------------------|------------------|--------|
| Check-In | Check-Out | Office Assistance | Records | Clean-up Crew | Prayer |
| Spanish Interpreting | Pharmacy Assistant | Dental Assistant | Social Services | Liaison | |
| Fundraising | Marketing | Public Relations | Photography/Film/Web Design | Open to anything | |

Please explain your choice(s) _____

How long are you planning to volunteer at Mercy? When would you be available to start?

Please describe yourself. (including your strengths and weaknesses)

How did you hear about Mercy Health Center? Why do you want to volunteer here? Please be specific.

The mission of Mercy is to provide physical, emotional, and spiritual care for our low-income uninsured neighbors in the Athens area. How do you hope your service will support these goals? _____

Are there any work conditions or situations that you must avoid? If so, please explain. _____

Have you ever been convicted of a felony? _____ If so, please explain. _____

Which clinic shift(s) best fits your schedule? Please circle your most available time(s).

Monday	8:30 am – 12:30 pm	12:30pm – 4:30 pm		
Tuesday	8:30 am – 12:30 pm	12:30pm – 4:30 pm	4:30pm – 8:30pm	5:30 pm – 10:00 pm
Wednesday	8:30 am – 12:30 pm	12:30pm – 4:30 pm	4:30pm – 8:00pm	
Thursday	8:30 am – 12:30 pm	12:30 pm– 4:30 pm	4:30pm – 8:30pm	5:30 pm – 10:00 pm
Friday	8:30 am – 12:30 pm	12:30 pm– 4:30 pm		

Ideally, how often would you like to volunteer (weekly, monthly, etc.)? _____

Will you be available during the summer? _____

What is the expected length of your commitment to volunteer at Mercy? _____

(We require a minimum commitment of 2 consecutive semesters, or 6 consecutive months. Please consider this before you submit your application.)

List two references – one personal, one professional:

Name:

Phone:

1. _____

2. _____

In case of emergency, contact:

Name: _____ Phone: _____

Relationship to you: _____