



700 Oglethorpe Avenue, Suite C7  
 Athens, GA 30606  
 706-425-9445  
[www.mercyhealthcenter.net](http://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)  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
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How did you hear about Mercy Health Center? Why do you want to volunteer here? Please be specific.

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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? \_\_\_\_\_

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

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

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**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: \_\_\_\_\_