



Mercy Iowa City Volunteer Application

Personal Information

Last Name _____ First Name _____

Address _____
Street City Zip

E-Mail Address _____ Social Security # _____

Home Phone _____ Work Phone _____ Cell Phone _____

Birth Date _____
Month/Day/Year Optional

In an emergency, please notify:

Name _____ Home Phone _____

Relationship _____ Work or Cell Phone _____

Your Work Status: Employed Retired Unemployed

Current or Last Place of Employment: _____

Interests, Special Skills, Hobbies

Are there any restrictions or limitations on your activity? If so, please explain.

How did you hear about our program?

_____ Friend _____ Newspaper _____ Brochure _____ School Counselor
_____ Other (please specify) _____

Have you ever committed or been convicted of a criminal offense or misdemeanor other than a minor traffic violation? Are there any criminal charges now pending against you other than a minor traffic violation? Yes No

If yes, please explain: _____

Have you ever been terminated from a volunteer position? Yes No

If yes, please explain _____

When are you available to volunteer?

Mon a.m. p.m. Eve	Tues a.m. p.m. Eve	Wed. a.m. p.m. Eve	Thurs. a.m. p.m. Eve	Fri. a.m. p.m. Eve	Sat. a.m. p.m. Eve	Sun. a.m. p.m. Eve
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Would You Be Available for Occasional Extra Tasks (Special Projects, Substitutions)?

Yes No

Please indicate the services you prefer:

- | | |
|--|--|
| <input type="checkbox"/> Baby Caps | <input type="checkbox"/> Information Desk |
| <input type="checkbox"/> Bridge Marathon | <input type="checkbox"/> Lifeline Installer |
| <input type="checkbox"/> Bulk Mailings | <input type="checkbox"/> Mail Delivery |
| <input type="checkbox"/> Cancer Treatment Center | <input type="checkbox"/> OB Hostess |
| <input type="checkbox"/> Clerical | <input type="checkbox"/> Patient Escort |
| <input type="checkbox"/> Craft Group | <input type="checkbox"/> Pet Therapy |
| <input type="checkbox"/> Emergency Care Unit | <input type="checkbox"/> Radiology |
| <input type="checkbox"/> Endoscopy | <input type="checkbox"/> Senior Patient Visitation |
| <input type="checkbox"/> Eucharistic Minister | <input type="checkbox"/> SHIP Counseling |
| <input type="checkbox"/> Flower Delivery | <input type="checkbox"/> Surgical Outpatient |
| <input type="checkbox"/> Gift Shop | <input type="checkbox"/> Surgical Waiting |
| <input type="checkbox"/> Guest Lodging | <input type="checkbox"/> Vending |
| <input type="checkbox"/> Helping Hands | |

I certify that the information provided in this application is true and correct in all respects without any willful omissions.

Signature

Date

Send completed applications to:

Mercy Volunteer Services, 500 E. Market Street, Iowa City, IA 52245

Questions? Call 319-339-3659 or email: carol.ebinger@mercyic.org