
Volunteer Application

Your Information

Last name _____ First name _____

Spouse, if married _____

Address _____ City _____ State _____ Zip _____

Phone number _____ Birthdate _____ Email _____

Person to contact in case of emergency

Name _____ Phone _____ Relationship _____

Physician's name _____ Physician's phone number _____

Previous volunteer experience

Education or special training

Hobbies, skills, special interests

Do you or have you ever worked for Mercyhealth? Yes No

If yes, please provide: Dates _____ Location _____

Supervisor: _____

References



Mercyhealth Association of Volunteers
1000 Mineral Point Ave.
PO Box 5003
Janesville, WI 53547-5003

Present volunteer assignments

Days preferred

- Monday-Friday
- Weekends

Hours preferred

- Morning
- Afternoon
- Evening

Comments

I understand that these are required to become a volunteer with Mercyhealth:

- Background Check
- Annual Flu Shot
- Tuberculosis (TB) Test
- ID Badge Issued
- Informed of Volunteer Association

Applicant's Signature

Date