



Sacred Heart Southern Missions  
**Court Ordered – Individual Service Application**  
Email Completed forms to: [mellis@shsm.org](mailto:mellis@shsm.org)  
Tel: 662.342.3182

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

**Please check answer that applies:**

Gender: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Transgender \_\_\_\_\_ Do not wish to disclose

**Emergency Contact - in case of an emergency, please notify:**

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Availability to work: \_\_\_\_\_ Mornings (8a-11a) \_\_\_\_\_ Afternoons (12p-3p)  
(check all that apply) \_\_\_\_\_ Evenings (3p-6p) \_\_\_\_\_ Weekends (Sun./Sat.)

Please **Circle** the days that you will be available:

Sunday Monday Tuesday Wednesday Thursday Friday Saturday

How did you hear about us? **REQUIRED BY THE COURT**

I understand that as a Volunteer with Sacred Heart Southern Missions, I may learn facts about individuals or families that are private and confidential. I agree not to share such personal information without written consent of the individual client to whom such information pertains.

I agree to report any situation about which I am uncomfortable to a Sacred Heart Southern Missions staff person. I understand and agree that my volunteer services can be terminated with or without cause and without notice at any time at the option of either Sacred Heart Southern Missions or myself.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_