



Sacred Heart Southern Missions
Individual Service Application
Email Completed forms to: lharrison@shsm.org

First Name: _____ Last Name: _____

Address: _____ State: _____ Zip: _____

Phone: () _____ E-Mail Address: _____

Please check answer that applies:

Gender: ___ Male ___ Female ___ Transgender

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 Sacred Heart Southern Missions?

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: