



**Individual Service Application
Sacred Heart Southern Missions
6050 Hwy 161 North, Walls, MS 38680
Tel: 662-342-3182 / Fax: (662) 342-3390
Email: mellis@shsm.org**

First Name: _____ Last Name: _____

Date: _____ E-Mail Address: _____

Current Address: _____

City: _____ State: _____ Zip: _____

Home Phone: () _____ Cell Phone: () _____

Check the answer that applies: Gender: _____ Male _____ Female

Emergency Contact

In case of an Emergency please notify: _____

Relationship: _____ Home Phone: _____

Work Phone: _____ Cell Phone: _____

Availability to work (check all that apply):

____ Mornings ____ Afternoons ____ Evenings ____ Weekends

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

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

How did you hear about us? _____

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.

Applicant's Signature: _____ Date: _____

Revised: 11/09/2023 AV