

**Individual Service Application**  
**Sacred Heart Southern Missions**  
**6144 Hwy.161 N, P.O. Box 5 Walls, MS 38680**  
**Tel: (662)342-3182/3181**  
**Fax: (662)781-3534**  
**Email: [Lharrison@shsm.org](mailto:Lharrison@shsm.org); [ktartt@shsm.org](mailto:ktartt@shsm.org);**

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

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

Home Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**Check the answer that applies:**

Gender: \_\_\_\_\_ Male \_\_\_\_\_ Female

Ethnicity: \_\_\_\_\_ African American \_\_\_\_\_ Asian  
\_\_\_\_\_ Hispanic/ Latino \_\_\_\_\_ Caucasian  
\_\_\_\_\_ Other: \_\_\_\_\_ \_\_\_\_\_ Native American

Level of Education Completed:  
\_\_\_ High School \_\_\_ Some College \_\_\_ College \_\_\_ Graduate School

Degree or Major: \_\_\_\_\_

**Emergency Contact**

In case of an Emergency please notify: \_\_\_\_\_

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

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

Employer: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Availability to work: \_\_\_\_\_ Mornings \_\_\_\_\_ Afternoons  
\_\_\_\_\_ Evenings \_\_\_\_\_ Weekends

Please Circle the days that you will be available:

Monday    Tuesday    Wednesday    Thursday    Friday    Saturday    Sunday

**Volunteer Experience**

On the lines below please list any previous volunteer experience including the date, agency, supervisor and volunteer assignment.

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Special Skills: Do you speak fluent Spanish? \_\_\_\_\_  
Can you translate English to Spanish and Spanish to English? \_\_\_\_\_

Please list any other special skills you have to offer:

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### Transportation

Do you have your own way of transportation?      Yes                  No

Do you have current insurance on the transportation?      Yes                  No

Please state the name of the company: \_\_\_\_\_

### Questions

1. How did you hear about us?

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2. Why are you interested in volunteering?

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3. What do you expect to gain from your volunteer experience here?

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4. Do you feel comfortable working with or around people that are elderly?

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5. What is your strength as a volunteer?

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6. What is your weakness as a volunteer?

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7. Do you enjoy taking a leadership role, or do you prefer assisting the person in charge? \_\_\_\_\_
  8. Do you prefer working one-on-one or in a group? \_\_\_\_\_

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: \_\_\_\_\_