

Individual High School 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; 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

This is required for grant purposes only.

Emergency Contact

In case of an Emergency please notify: _____

Relationship: _____ Home Phone: _____

Work Phone: _____ Cell Phone: _____

Employer: _____ Supervisor: _____

Availability

Availability to work: _____ Mornings _____ Afternoons
_____ Evenings _____ Weekends

Please Circle the days that you will be available:

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Hours needed _____

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: _____

Signature of Supervisor _____ Date worked _____ Hrs. _____

Signature of Supervisor _____ Date worked _____ Hrs. _____

Signature of Supervisor _____ Date worked _____ Hrs. _____

Signature of Supervisor _____ Date worked _____ Hrs. _____

Signature of Supervisor _____ Date worked _____ Hrs. _____

After 9/1/12 use revised form