

Sacred Heart Southern Missions

High School Service Application

Email Completed forms to: mellis@shsm.org
Tel: 662.342.3182; Cell: 901.626.5432

First Name:			Last Name:		
Address:			State:	Zip:	
Phone: ()			E-Mail Address:		
Parent Email: _					
Please check	answer	that applies	:		
Gender:	Male	Female	Transgender	Do not wish to di	sclose
Emergency	Contact	- in case of a	n emergency, plea	ase notify:	
Name:					
Relationship:	tionship: Home Phone:				
Cell Phone:					
Availability to (check all that a			ings (8a-11a) ngs (3p-6p)	Afternoons (12p-3 Weekends (Sun./S	3p) Sat.)
Sunday 1			ys that you will be ave ednesday Thursday		
How did you he	ear about S	Sacred Heart So	outhern Missions?		
about individual personal information per Information per I agree to repor Southern Missie	ls or famil nation with tains. t any situa ons staff p or withou	ies that are privout written contion about whice erson. I understate cause and with	ered Heart Southern Note and confidential. It is a sent of the individual of the I am uncomfortable and and agree that mythout notice at any time!	I agree not to share so client to whom such to a Sacred Heart y volunteer services of	an be
Signature:				Date:	