



Volunteer Application

Thank you for your interest in volunteer opportunities at Our Lady of Mercy Community Outreach Services, Inc. Please complete the application and return it to the volunteer coordinator.

Contact Information

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
Cell Phone	
E-Mail Address	

Person to Notify in Case of Emergency

Name	
Relationship to you	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
Cell Phone	
E-Mail Address	

Education and Professional Background

What is your highest level of education? Please include any additional degrees and your area(s) of study.	
If you are currently working, where are you employed and in what capacity?	
What professional positions have you held?	



Volunteer Interest:

Have you volunteered before? If so where?

Why do you want to volunteer?

Do you have any special skills or interests that you would like to offer as a volunteer?

Availability

During which hours are you available for volunteer assignments?

Monday

Thursday

Mornings

Tuesday

Friday

Afternoons

Wednesday

Evenings

Interests

Tell us in which areas you are interested in volunteering

Reception/Visitor Contact

Clothing Room

ESL Adult Tutoring

GED Adult Tutoring

After School Tutoring of Children

Summer Children's Enrichment Programs

Medical Information:

Primary Doctor's Name

Doctor's Phone Number

Volunteer Release

As an unpaid volunteer, I hereby release and hold harmless Our Lady of Mercy Community Outreach Services, Inc. from any and all liability for any and all damages or injuries that may result to myself or my property as a result of assisting Our Lady of Mercy Community Outreach Services, Inc., to carry out its charitable purposes. I have read the foregoing release, which has been explained to my satisfaction, and I hereby knowingly, voluntarily and free of any coercion or duress by anyone, sign the Release.

I have read to the Release, which has been explained to my satisfaction, and I hereby knowingly, voluntarily and free of any coercion or duress by anyone, sign the Release.

Believing that Our Lady of Mercy Outreach Services, Inc. has a real need of my services as a volunteer worker who serves without pay, I will uphold the tradition and standards of Our Lady of Mercy Services.

Agreement and Signature

Name (printed)	
Signature	
Date	

Our Lady of Mercy Community Outreach
PO Box 607 Johns Island, SC 29457 (843) 559-4109