

**Please print clearly.**

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Last Name, First Name, Middle Initial	Nickname
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Street Address	City, State	Zip Code
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Email Address

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Home Phone Number	Cell Phone Number
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Birthday

**Emergency Contact Information:**

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Name	Relationship	Phone Number
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Name	Relationship	Phone Number
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**Professional/Civic Memberships:**

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Organization	Role in Organization
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Organization	Role in Organization
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**Current Employment:**

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Employer	Phone Number
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**Past Employment or Work Experience:**

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**Do you have a Social Security card/number?**  Yes or  No  
(If you are not a U.S. Citizen – please provide documentation)

**Special Skills/Interests:**

Language(s) including sign language \_\_\_\_\_

Computer Skills \_\_\_\_\_

**Current Student Status:**

College/University Student:  Fr.  Soph.  Jr.  Sr.  Grad. Student

Name of Institution \_\_\_\_\_

**How were you referred to Trinity Health Oakland? (Please check all that apply):**

Friend/Family  Church/Temple  Employer  Internet/Other

Name your reference: \_\_\_\_\_

**Volunteer Experience:**

Organization	Role in Organization

**Please answer the following questions:**

Have you ever been convicted of a crime?  Yes or  No

If yes, please give date, place, charge and disposition of conviction: \_\_\_\_\_

Are there any felony charges outstanding?  Yes or  No

If yes, please give date, place, charge and current status: \_\_\_\_\_

Are you volunteering to satisfy court required community service?  Yes or  No

If yes, please provide you probation officer's name and telephone number: \_\_\_\_\_

Do you agree to undergo a criminal background check before being accepted in the Mercy Volunteer Program?  Yes or  No

**I certify that the responses in this document are true to the best of my knowledge. I understand that this information may be verified. Any misrepresentation of the facts may lead to a separation from the Trinity Health Oakland Mercy Volunteer program.**

Signature \_\_\_\_\_

Date \_\_\_\_\_