

Please print clearly.

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

Home Phone Number	Cell Phone Number
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Birthday

Emergency Contact Information:

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

Organization	Role in Organization
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Organization	Role in Organization
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Current Employment:

Employer	Phone Number
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Past Employment or Work Experience:

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 Livonia? (Please check all that apply):

Friend/Family Church/Temple Employer Internet/Other

Name your reference: _____

Volunteer Experience:

Organization	Role in Organization
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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 Livonia Mercy Volunteer program.

Signature

Date