



MERCY HEALTH PARTNERS

Volunteer Services Department DATE: _____
Adult Application

Mr. Mrs. Ms. _____ Birth Date: _____
(Last) (First)

Address _____ City _____ State _____ Zip _____

Phone(H) _____ Phone (W) _____ Email: _____

Emergency Contact Name: _____

Relationship _____ Phone: (H) _____ (W) _____

Volunteer/Community Work Experience:

Highest Education Level: 0-8 Grade 9-12 Grade HS Diploma College

Have you ever been convicted of a felony? Yes _____ No _____

If yes to a felony, what was the nature of conviction? _____

Have you ever been convicted of a misdemeanor? Yes _____ No _____

Are there any misdemeanor or felony charges pending against you? Yes _____ No _____

Volunteer Agreement: As a volunteer with Mercy Health Partners, I agree to abide by the standards, policies, and procedures of this institution. I hereby authorize Mercy Health Partners to make a personal background search. I further affirm that all statements above are true.

Signature _____ Date _____

Social Security Number _____

Assignment & Area _____ Day & Time _____

Muskegon General Campus/ Mercy Campus Availability (Please circle)

2 hours 3 hours 4 hours 6 hours 8 hours

All Day Morning Afternoon Evening

Sunday Monday Tuesday Wednesday Thursday Friday Saturday

Mail completed form to:
Marla Touzel, Volunteer Services, MHP, P.O. Box 358, Muskegon, MI 49443

Fax:
231-6723969

E-mail:
Spravr@trinity-health.org

Questions: Call Marla Touzel at 231-672-3868