

**Our Lady of Mercy Community Outreach Services, Inc.**  
**Adult 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.

Date of Application: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Home address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Are you currently employed?    YES    NO

If yes, where? \_\_\_\_\_ Work phone: \_\_\_\_\_

Name, address and phone number of person to be contacted in case of emergency:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Have you worked as a volunteer before?    YES    NO

If yes, where? \_\_\_\_\_

Special skill or talents you offer as a volunteer: \_\_\_\_\_

\_\_\_\_\_

Community Affiliations: \_\_\_\_\_

Physical limitations to be considered in placing you in a volunteer assignment:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Are you fluent in any language other than English? If so, which language?

\_\_\_\_\_

Why would you like to volunteer? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Service interests and time preferences:**

**Check days preferred:**

Monday    Tuesday    Wednesday    Thursday    Friday

**Time preference:**     Morning     Afternoon     Evening

**Interests:**

Reception/Visitor Contact    ESL Tutor    Clothing Room    GED for adults

After school tutoring of children    Summer enrichment program for children

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.

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 the Outreach Services.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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