

VOLUNTEER FORM

Please print and complete this form and send it to:

Mercy Primary Care Center
Attn: Development Department
5555 Conner-Suite 2691
Detroit, MI 48213
(313) 579-4000

***Denotes Required Information**

Name* _____

Company Name _____

Address* _____

City, State, ZIP* _____

Phone _____

Fax _____

Email* _____

May we contact you at the above e-mail address? _____

I would like to make myself available, based on my schedule, to volunteer on behalf of Mercy Primary Care Center in the following way(s):

- Fundraising (including special events, mailing, donor relations, database management)
- SPA Program
- Physician/Provider Services (Please indicate your specialty): _____
- Other _____

I am available on the following days and times:

Days Available _____

Times Available _____