



# MERCY PRIMARY CARE CENTER

A Continuing Ministry of Trinity Health

## 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) 692-8400

### **\*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 \_\_\_\_\_