

## **Community Volunteer Form**

Please print and complete this form. Send the completed form to:

Mercy Primary Care Center  
5555 Conner – Suite 2691  
Detroit, MI 48213  
Tel: 313-579-4000  
Attn: Volunteer Services

Or

Fax: 313-579-4064  
Attn: Volunteer Services

I would like to make myself available, based on my schedule, to volunteer for upcoming events or projects on behalf of Mercy Primary Care Center:

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Phone \_\_\_\_\_ Email \_\_\_\_\_

\_\_\_\_\_ Please put me on the Mercy Primary Care Newsletter Mailing List

\_\_\_\_\_ Best way to contact me is:

\_\_\_\_\_ Email

\_\_\_\_\_ Mail

\_\_\_\_\_ Phone

\_\_\_\_\_ Other ( \_\_\_\_\_ )

\_\_\_\_\_ I am interested in volunteering for:

\_\_\_\_\_ Events

\_\_\_\_\_ SPA Program

\_\_\_\_\_ Any Function

\_\_\_\_\_ Other ( \_\_\_\_\_ )