

Physician/Provider 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 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:

_____ Physician/
Provider Services

_____ SPA Program

_____ Events

_____ Other (_____)