

Volunteer Inquiry Form

Name: _____

Date: _____

Address: _____

Phone Number: _____

City, State, Zip: _____

Volunteer Type: Youth Adult Professional School College

What is your reason for wanting to volunteer? _____

How did you hear about us? _____

Comments: _____

FAX: 312-328-7741

E-MAIL: jwhite@mercy-chicago.org

MAIL: Mercy Hospital
Attn: Jim White, Volunteer Manager
2525 S.Michigan Avenue
Chicago, IL 60606