

Parent-Infant Partner Volunteer Application

Name: _____ Date: ____ / ____ / ____

Address: _____ S.S. # _____

City: _____ ZIP: _____ Birth Date: ____ / ____ / ____

Telephone # (____) _____ Work: (____) _____

Place of Employment: _____

Occupation: _____ W/Phone: (____) _____

Educational History: _____

Marital Status: _____ Number of Siblings: _____ Number of Children: _____

How did you become interested in our program: _____

Life experiences that may be helpful to this program: _____

Describe other volunteer or work experience: _____

Weekly Schedule: (List days and times available to attend Parent Infant Partners Meetings) _____

Do you have a car: _____ Insurance Co. _____

Please List Three Personal or Business References

1. Name: _____ Address: _____ Phone: () _____

2. Name: _____ Address: _____ Phone: () _____

3. Name: _____ Address: _____ Phone: () _____

Michigan Catholic Health Systems (MCHS)
Infant Mortality Support Program
53 Candler Ave / Highland Park, MI 48203