



**Samaritan Center**  
Interfaith Agency

**Volunteer Application**

Mr.  Miss  Mrs.  Ms. Other: \_\_\_\_\_

\_\_\_\_\_  
First Name Last Name

\_\_\_\_\_  
Street Address City State Zip Code

( ) ( ) ( )  
Home Phone Work Phone Cell Phone

\_\_\_\_\_  
Date of Birth Email address

Occupation \_\_\_\_\_ Second language?  Spanish  other \_\_\_\_\_

Have you or anyone in your household ever received services from the Samaritan Center?  Yes  No

**Please check the areas that you would like to work:**

- Food Pantry (PAN)\*  Computer Intake (INT)  Warehouse (WAR)  Health Clinic (HEL)  
 Clothing Room (CLO)  Legal Aid (LAW)  Driver (with truck) (DRV)  Data Entry (DAT)

**Days and times that you can work:**

- Monday  9:00 am to Noon (MOA)  12:00 – 3:00 pm (MOM)  
 Tuesday  9:00 am to Noon (TUA)  12:00 – 3:00 pm (TUM)  
 Wednesday  9:00 am to Noon (WEA)  12:00 – 3:00 pm (WEM)  
 Thursday  9:00 am to Noon (THA)  12:00 – 3:00 pm (THM)  4:00-6:00 pm (THP)  
 Friday  9:00 am to Noon (FRA)

\* The Food Pantry is open on M-TH from 9:30 – 11:30 am and TH from 4:00 – 6:00 pm

**Confidentiality Statement**

I understand that as a volunteer of the Samaritan Center, I may be in contact with clients, client information and/or contributions to the Samaritan Center. I also understand that confidentiality is of utmost importance and that this statement is a policy of the Samaritan Center Advisory Board. As a result, I will not discuss clients, client information, contributors, or Samaritan Center operations and management with anyone except the Samaritan Center Executive Director and/or the responsible staff.

Your Signature \_\_\_\_\_ Date \_\_\_\_\_

<b>For Office Use Only</b>			<b>JM</b>
Received By Staff _____	Input LIST date: _____	by _____	Proofed by _____
<input type="checkbox"/> Handbook	<input type="checkbox"/> Name Tag	<input type="checkbox"/> Orientation date _____	by _____
Group codes: _____	WA: _____	<b>LIST ID</b>	



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## Volunteer Emergency Information

Family Physician	Physician Phone Number (    )
Allergies (medications, food, etc)	
Special Health Concerns	

## Emergency Contacts

### ***First Contact:***

First Name	Last Name	Relationship
Address		
Daytime Phone Number (    )	Alternate Phone Number(s) (    )	

### ***Second Contact:***

First Name	Last Name	Relationship
Address		
Daytime Phone Number (    )	Alternate Phone Number(s) (    )	