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	❑ 9:30 am to Noon (MAM)	❑ 12:00 – 2:30pm (MPM)	
Tuesday	❑ 9:30 am to Noon (TUA)	❑ 12:00 – 2:30 pm (TUM)	
Wednesday	❑ 9:30 am to Noon (WAM)	❑ 12:00 – 2:30 pm (WPM)	
Thursday	❑ 9:30 am to Noon (THA)	❑ 12:00 – 3:00 pm (THM)	❑ 4:00-5:30 pm (THP)
Friday	❑ 9:00 am to Noon (FAM)		

*** The Food Pantry is open on M-TH from 10:00am-Noon and TH from 4:00 – 5:30 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 _____

For Office Use Only **JM**

Received By Staff _____ **Input LIST date:** _____ **by** _____ **Proofed by** _____

❑ **Handbook** ❑ **Name Tag** ❑ **Orientation date** _____ **by** _____

Group codes: _____ **WA:** _____ **LIST ID**

NOTICE: Complete both sides.

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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) ( )	

NOTICE: Complete both sides.