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)
☐ Clothing Room (CLO) ☐ Legal Aid (LAW)

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

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