



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

Are you a student (STD)? Yes No 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) Legal Aid (LAW) Driver (with truck) (DRV) Phone
- Clothing Room (CLO) Data Entry (DAT) Christmas Help (CHR)
- Volunteers (PHO) Other _____
- Receptionist (REC) Translator (TRA) Language _____

Days and times that you can work:

- Monday 9:00 am to Noon (MOA) 1:30-4:00 pm (MOM)
- Tuesday 9:00 am to Noon (TUA) 1:30-4:00 pm (TUM) 4:00-6:00 pm (TUP)
- Wednesday 9:00 am to Noon (WEA) 1:30-4:00 pm (WEM)
- Thursday 9:00 am to Noon (THA) 1:30-4:00 pm (THM) 4:00-6:00 pm (THP)
- Friday 9:00 am to Noon (FRA) 1:30-4:00 pm (FRM)

* 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 _____

For Office Use Only

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

Handbook Name Tag Orientation date _____ by _____
Group codes: _____ WA: _____



Samaritan Center
Interfaith Agency

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) ()