



**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

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:***

- |  |  |  |   |
|--|--|--|---|
| <input type="checkbox"/> Food Pantry (PAN)*  | <input type="checkbox"/> Computer Intake (INT) | <input type="checkbox"/> Warehouse (WAR)           | <input type="checkbox"/> Health Clinic (HEL)    |
| <input type="checkbox"/> Clothing Room (CLO) | <input type="checkbox"/> Legal Aid (LAW)       | <input type="checkbox"/> Driver (with truck) (DRV) | <input type="checkbox"/> Phone Volunteers (PHO) |
| <input type="checkbox"/> Receptionist (REC)  | <input type="checkbox"/> Data Entry (DAT)      | <input type="checkbox"/> Christmas Help (CHR)      | <input type="checkbox"/> Translator (TRA)       |
| <input type="checkbox"/> Other _____         |  |  | Language _____                                  |

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

- |           |  |   |   |
|-----------|--|---|---|
| Monday    | <input type="checkbox"/> 9:00 am to Noon (MOA) | <input type="checkbox"/> 1:30-4:00 pm (MOM) |   |
| Tuesday   | <input type="checkbox"/> 9:00 am to Noon (TUA) | <input type="checkbox"/> 1:30-4:00 pm (TUM) | <input type="checkbox"/> 4:00-6:00 pm (TUP) |
| Wednesday | <input type="checkbox"/> 9:00 am to Noon (WEA) | <input type="checkbox"/> 1:30-4:00 pm (WEM) |   |
| Thursday  | <input type="checkbox"/> 9:00 am to Noon (THA) | <input type="checkbox"/> 1:30-4:00 pm (THM) | <input type="checkbox"/> 4:00-6:00 pm (THP) |
| Friday    | <input type="checkbox"/> 9:00 am to Noon (FRA) | <input type="checkbox"/> 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 \_\_\_\_\_

<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: _____		



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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) (    )	