



Volunteer Application

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: Home: _____ Work: _____ Cell: _____

E-mail Address: _____

How did you hear about us? Internet/Web Page _____ Referred by friend/volunteer _____ Teacher _____

Community Forum _____ TV/Radio _____ Newspaper _____ Client _____ Church _____ Work _____ Other: _____

Skills and Interests

What special skills do you possess which you feel will help you in a volunteer role at Samaritan House?

As a volunteer you will be working with clients of many different ethnic and socioeconomic backgrounds. Clients may have values and beliefs quite different from your own. Please describe why this will or will not present a difficulty or adjustment for you as a volunteer.

What are your goals as a volunteer?

_____ School Credits _____ Internship _____ Seasonal _____ Resume Enhancement _____ Corporate Sponsorship _____

Contribution to Community _____ Court Ordered _____ Church Outreach _____ Socialization _____ Other _____

Preferences in Volunteering

Please help us match you with assignments you would enjoy. Please indicate the types of volunteer services that are of interest to you (check all that apply).

_____ Administrative Duties _____ Children's Programs _____ Fundraising/Development _____ Landscaping/Maintenance

_____ Special Events _____ Sort Donations _____ Transportation _____ Front Desk/Receptionist

Mission: To foster personal safety, self-sufficiency and personal growth in adults and their children through freedom from domestic abuse and homelessness.

SAMARITAN HOUSE



Stop the violence. Start the healing.

Are there specific tasks that you are unable to perform due to physical limitation or personal preference?

Yes _____ No _____ If yes, please explain: _____

At what times are you available to volunteer?

Weekdays _____ Weekends _____ Daytime _____ Evenings _____ Additional comments: _____

Background Verification

Have you ever been convicted of a criminal offense? Yes _____ No _____ Please explain: _____

Have you ever been charged with neglect, abuse, or assault? Yes _____ No _____ Please explain: _____

Has your driver's license ever been suspended or revoked in any state? Yes _____ No _____ Please explain: _____

Do you use illegal drugs? Yes _____ No _____ Please explain: _____

Emergency Contact Information:

Our volunteer program may need to do one or all of the following background screenings (Criminal Background, Child Protective Service Record, Sexual Offender Record and Driving Record). If so, all information, as well as all information on this application will be kept confidential and measures will be taken to protect your privacy. To do the screenings social security number and date of birth will be needed.

I hereby certify that the information contained in this application is true and correct to the best of my knowledge and belief. I further consent for Samaritan House to obtain additional information necessary to process my application. This may include but is not limited to employment verification, references, and background checks. (Please note your refusal may exclude you from consideration from volunteering with Samaritan House).

Name: _____ Date: _____

Thank you for your interest in Samaritan House

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