

Samaritan's Hand, Inc.



A Faith Based Drug & Alcohol Outpatient Clinic Serving Sheboygan and the Lakeshore Communities

Volunteer Application

Personal

Last Name: _____ First Name: _____ Middle Initial: _____

Other Names used: _____ Social Security: _____ DOB: _____

Phone: (____) _____ License Number: _____

Street Address: _____ City: _____ State: _____ Postal: _____

Lived outside WI within the last 5 years? Yes/No If yes, where: _____

Are you a registered sex offender? Yes/No Other Criminal Convictions: _____

Physical Limitations: _____

Employment

Employer: _____ Job title: _____

Address: _____ City: _____ State: _____ Postal: _____

Full Time

Part Time

Seasonal

Current Employed: Yes/No

Employer: _____ Job Title: _____

Address: _____ City: _____ State: _____ Postal: _____

Full Time

Part Time

Seasonal

Current Employed: Yes/No

Education

- High School: _____ City: _____
of Years: _____ Year of Graduation: _____ Degree: _____
- College: _____ City: _____
of Years: _____ Year of Graduation: _____ Degree: _____
- Post Grad: _____ City: _____
of Years: _____ Year of Graduation: _____ Degree: _____
- Certificate(s) Obtained:

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Emergency Contact

Name: _____ Phone: (____) _____ Relationship: _____

References

Name	Relationship	Phone	Years Known
1			
2			
3			

Volunteer Work

Company	Position	Phone	Length of Time
1			
2			
3			

Samaritan's Hand, Inc. Volunteer Interests

Where did you learn about the volunteer opportunities available at Samaritan's Hand, Inc.?

Do you speak another language? If so which one(s): _____

Current Volunteer Opportunities:

- | | | | |
|---------------|----------------|---------------------------------------|--------------|
| Thank you's | Cleaning | Provide food for meetings or events | Photography |
| Holiday Cards | Administrative | Monthly Recovery meeting meals/snacks | Prayer Group |

Other Skills I have: _____

What is your availability? _____

What is your understanding or experience with alcohol, drugs and addiction? _____

Personal Testimony

Describe your Christian faith and experience: _____

How has the Lord worked in and through your life? _____

Why do you feel moved to volunteer at Samaritan's Hand, Inc.? _____

Samaritan's Hand, Inc. Policy

Here at Samaritan's Hand, Inc. we do not discriminate against race, gender, ethnicity, disabilities, or marital status. By signing this volunteer application I agree to:

- Keep all confidential client information on Samaritan's Hand computers.
- Refraining from taking company incoming and outgoing calls unless specified.
- Refrain from all files or bins with private client information.
- Not smoke on Samaritan's Hand, Inc. premises or the whereabouts of community outreach.
- Respect staff time.
- Complete volunteer tasks as described.
- Avoid social media while on volunteer duty.
- Abstain from personal cell phone use while completing volunteer work.
- Obtain from wearing any alcohol or drug related logos, wording, or symbols of any kind.

Printed Name

Applicant Signature

Date

Client Confidentiality

Client # _____

In most cases, your written and signed authorization is required before information concerning your care can be disclosed to individuals outside of Samaritan's Hand Inc., including family, friends, spouses, mentors, Probation/Parole officer, WCS, Sheboygan County Human Services and lawyer(s)/court system. Below are some of the cases in which the law dictates that your signed authorization may not be required in order for Samaritan's Hand, Inc. to release information:

- If Samaritan's Hand Inc. staff person believes that you are likely to harm yourself and/or another person, he or she may take action necessary to protect you or others by contacting law enforcement officers or a physician.
- If Samaritan's Hand Inc. clinician has cause to believe that a child has been or may be abused or neglected, the clinician is required to make a report to the appropriate state agency.
- If Samaritan's Hand Inc. clinician has cause to believe that an elderly or disabled person has been or may be abused, neglected, or subject to financial exploitation, the clinician is required to make a report to the appropriate state agency.
- If you are a minor (under the age of 18).

Upon receiving any services from Samaritan's Hand Inc., I will respect and maintain confidentiality. I understand that at no time I can I can breach the confidentiality contract. I hereby agree to & understand the following:

- I will not give out any confidential information in regards to who attends any services at Samaritan's Hand, Inc.
- Any other information that would identify a fellow client.
- Any identifying information about the client such as, but not limited to: name, address, phone number.

Signature of Client:

Date:

Staff:

Date: