

# 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: \_\_\_\_\_

**Emergency Contact**

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ Relationship: \_\_\_\_\_

**References**

Name Known	Relationship	Phone	Years
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.?

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

Current Volunteer Opportunities:    Yard work    Painting    Snow Removal  
 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:

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How has the Lord worked in and through your life?

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

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## 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.

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Printed Name

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Applicant Signature

Date