

# Samaritan's Hand, Inc.



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

## Board Member Application

### Personal

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle

Initial: \_\_\_\_\_

DOB: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_

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

\_\_\_\_\_

Physical Limitations:

\_\_\_\_\_

### Employment

Employer: \_\_\_\_\_ Job title:

\_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip:

\_\_\_\_\_

Full Time    Part     Time     Seasonal      Current Employed:    Yes/No

Employer: \_\_\_\_\_ Job Title:

\_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip:

\_\_\_\_\_

Full Time     Part Time     Seasonal      Current Employed:    Yes/No

## 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.?  
\_\_\_\_\_

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  
Board Member

Other Skills I have:

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What is your availability?

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

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### 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 become a board member 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.
- No smoking inside Samaritan's Hand, Inc. premise 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.
- Refrain 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

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Date