

## Volunteer Information

**About Us:**

We are a Christian ministry established to try to meet the emergency needs of the community, but much more importantly to assist people in developing and growing their relationship with Christ. We are a food bank and also offer limited assistance with utilities, rent/mortgage, transportation and medicines.

**Samaritan Center Statement of Faith:**

- We believe the Bible to be the inspired authoritative word of God.
- We believe in God, eternally existent in three persons, Father, Son and Holy Spirit.
- We believe in our Lord Jesus Christ, in his virgin birth, his sinless life, miracles, and the forgiveness of sin through his death, in his resurrection, in his ascension to the right hand of the Father and in his personal return in power and glory.
- We believe that for the salvation of lost and sinful man, regeneration by the Holy Spirit is absolutely essential and that this salvation is received only through faith in Jesus Christ as Savior and Lord, not as a result of good works.
- We believe in the indwelling Holy Spirit through whom the Christian is able to live a godly life and to perform good works.
- We believe Christ will come again in glory to judge the living and the dead, and his kingdom will have no end.

**About You:**

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Phone (H) \_\_\_\_\_

City & Zip \_\_\_\_\_ Phone (C) \_\_\_\_\_

Email \_\_\_\_\_ Date of Birth (mm/dd//yy) \_\_\_\_\_

Church \_\_\_\_\_

How did you hear about us? Church \_\_\_\_\_ Community \_\_\_\_\_ Other \_\_\_\_\_

What work experience and/or skills do you bring to the ministry? \_\_\_\_\_  
 \_\_\_\_\_

If you have a personal relationship with Christ, please briefly share that with us  
 \_\_\_\_\_  
 \_\_\_\_\_

**Please attach a photocopy of your Driver's License or valid identification.**



Please give 3 references:

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Samaritan Center volunteer opportunities (please select one)

**1. Thrift Store**

TIME	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
9:00-12:00					
12:00-3:00					

TIME	SATURDAY
9:55-2:00	

**2. Food Bank**

TIME	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
9:55-12:00					
11:55-2:00					
1:55-3:30					

**3. Food Bank Donation pick ups** (times will vary)\_\_\_\_\_

**4. \*Intake**

TIME	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
9:55-12:30					
12:25-3:00					



5. **\*Home visit** (times will vary)

\*Our Intake and Home Visit volunteers must be willing to share the gospel with our clients.

A Coordinator will discuss this with you to ensure you are comfortable sharing your faith.

Please list someone who is not related to you and who has known you for at least two years. Please also list your pastor.

Name \_\_\_\_\_

Phone # \_\_\_\_\_

Relationship \_\_\_\_\_

Email \_\_\_\_\_

Pastor's Name \_\_\_\_\_

Phone # \_\_\_\_\_

Church \_\_\_\_\_

Email \_\_\_\_\_

- I agree to respect and uphold the Center's Statement of Faith.
- I understand the confidential nature of Samaritan Center assistance and will keep client names and services in confidence.

Volunteer signature \_\_\_\_\_

Date \_\_\_\_\_



**STAFF AND VOLUNTEER HEALTH FORM**

Name:

Physician:

Phone:

Emergency Contact:

Phone:

Emergency Contact:

Phone:

**HEALTH INFORMATION:**

In box below, provide information on any medical conditions, psychological conditions, behavioral conditions, medications, dietary restrictions, allergies, or special needs:

Are you able to lift between 20-30lbs?  Yes  No

**Staff or Volunteer's Signature:**

**Date:**

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**VOLUNTEER UNDER 18**

- 1. We must have parental consent in the form of a parent signature for all volunteers under 18.
- 2. All volunteers under 16 years old must be supervised by a parent or guardian at all times while on the Samaritan Center campus.
- 3. If the volunteer is left unsupervised by parent/guardian, the child will no longer be allowed to volunteer for the Samaritan Center.

**Parent or Legal Guardian's Signature:**

**Date**

\_\_\_\_\_

\_\_\_\_\_

**VOLUNTEER REQUIRING AN ATTENDANT**

- 1. Attendants who accompany volunteers must supervise them at all times while on the Samaritan Center campus.
- 2. Attendants must provide us with an employee I.D. that we may copy. In lieu of an employee I.D., the attendant must provide us with a letter from the employer stating that the attendant will be accompanying and supervising the volunteer.
- 3. If the volunteer is left unsupervised by parent/guardian, the child will no longer be allowed to volunteer for the Samaritan Center.

**Volunteer Signature:**

**Date**

\_\_\_\_\_

\_\_\_\_\_

**Attendant's Signature:**

**Date**

\_\_\_\_\_

\_\_\_\_\_

