# GOOD SAMARITAN
## VOLUNTEER APPLICATION

Date_____

Name _____ DOB _____
Last First Middle

Address _____ City/State/Zip _____

Telephone _____ Cell Phone _____ E-Mail Address _____

Emergency Contact: _____

Relationship: _____ Telephone (day) _____ (evening) _____

Are you currently employed? _____ Where? _____ Work Days/Hours _____

Have you been a volunteer at Good Samaritan Hospital before? _____ If so, when? _____ In what areas? _____

How did you learn about volunteer opportunities at the hospital? _____

**Personal References** (other than family):

Name Relationship Telephone

1. _____

2. _____

3. _____

***Release of Information:***
*I give Good Samaritan Hospital permission to release my picture and information concerning my volunteer work to the media as needed.*

_____
Signature

**Volunteer Interest/Abilities Inventory:**

A. List any special skills, abilities or trainings _____

_____

B. List any interests or hobbies _____

_____

C. Please check any of the following that apply to you:

**Background Skills/Areas of Interest**

| | | | |
|---|---|---|---|
| Computer Skills (indicate areas of knowledge) | | Telephone Assistance | |
| Escorting Visitors | | Clerical or Reception Skills | |
| Retail Sales/Display Experience | | Assisting with Special Events | |
| Health Field Background (indicate area) | | | |

**Mail or bring completed application to:**
**Good Samaritan Volunteer Services**
**520 S. 7th Street, Vincennes, IN 47591 Telephone: 812-885-3120**