



Society of Samaritans, Inc.

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VOLUNTEER APPLICATION FORM

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

Application Date: _____ Birth Date: _____ Are you bilingual? ___ Yes ___ No

Which days would you be available to volunteer? ___ Mon ___ Tue ___ Wed ___ Thr ___ Fri ___ Sat

How many hours a week would you be willing to volunteer: _____ Which hours do you prefer to work? _____

Current Employer: _____

Church Affiliation: _____

Prior Volunteer Experience: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Address: _____

City: _____ Zip: _____

Emergency Contact

First Name: _____ Last Name: _____

Relationship: _____ Phone: _____

SKILLS - Please check all that apply

- | | | |
|------------------------------------------|-------------------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> Accounting | <input type="checkbox"/> Interviewing People | <input type="checkbox"/> Public Relations |
| <input type="checkbox"/> Administration | <input type="checkbox"/> Legal | <input type="checkbox"/> Publisher Marketing |
| <input type="checkbox"/> Computer Skills | <input type="checkbox"/> Mentoring | <input type="checkbox"/> Social Media Marketing |
| <input type="checkbox"/> Counseling | <input type="checkbox"/> Furniture Pick-up & Delivery | |
| <input type="checkbox"/> Fund Raising | <input type="checkbox"/> Management/Supervisor | |
| <input type="checkbox"/> Fund Raising | <input type="checkbox"/> Photography | |

MINISTRY AREA - Please check all that apply

- | | | |
|-----------------------------------------------------------------------|-----------------------------------------|------------------------------------------------------------|
| <input type="checkbox"/> Administration/Office | <input type="checkbox"/> Giving Center | <input type="checkbox"/> Special Events |
| <input type="checkbox"/> Family Services (Counseling & client intake) | <input type="checkbox"/> Job Services | <input type="checkbox"/> Marketing/Communications |
| <input type="checkbox"/> Food Pantry | <input type="checkbox"/> Prayer Partner | <input type="checkbox"/> Volunteer Coordinator |
| <input type="checkbox"/> Fund Raising | <input type="checkbox"/> Resale Shop | <input type="checkbox"/> Unbroken/Empowered – Sexual Abuse |

COMMUNITY SERVICE

School Name: _____ What Grade? _____

Court Name/Judge: _____