

Volunteer Application

The Samaritan Inn

1710 N. McDonald McKinney, Texas 75069

Cheryl Spofford, Director of Volunteers

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Fax 972-569-9988

cherylsposford@thesamaritaninn.org

Date: _____

Personal Data

Name: _____
First Middle Last Nickname

Home Mailing Address:

Street & Number Apt City State Zip
Phone number: () () ()
Home Mobile Work

Email Address: _____ May I email you? _____

Date of Birth: _____ Social Security Number: _____ - _____ - _____

Are you Bilingual? _____ What Language? _____ Are you Disabled? _____

Do you have any medical conditions? _____

Emergency

In case of emergency, who should be contacted? _____

Phone number: () () ()
Day Mobile Evening
Name

Employment Data

Current or most recent Employer:

Company Job Title/Position

References

Please provide 2 references:

1) _____ ()
Name Relationship Phone Number
2) _____ ()
Name Relationship Phone Number

Education

Check which level of education that you have achieved:

G.E.D.

High School

2yr college degree

Bachelors Degree

Masters degree

Doctorate

List any degrees, certifications and/or licenses and any level of expertise that you feel are important (telephone skills, computer skills, etc.):

Volunteer Experience

List previous volunteer experiences:

I have never volunteered

Name of Agency	Volunteer Experience
Name of Agency	Volunteer Experience
Name of Agency	Volunteer Experience

Why would you like to volunteer for the Samaritan Inn?

What days and times would you be available to volunteer?

What type of volunteer work do you prefer?

Are you volunteering as:

- Community Service/Court Ordered
- College Program
- High School Community Service
- Individual
- Church
- Other: _____

If you re volunteering because of court ordered community service, please answer the following:

- What was your Offense: _____
- Law enforcement agency: _____
- How many Service Hours do you need: _____
- Have you ever been convicted of a felony: _____

If you have any additional comments about anything, please tell us:

I hereby certify the information given in this application to be true. I understand that the information on this application is subject to verification. I authorize a release of information concerning my character, employment history and criminal history. I hereby release from all liability and damage both The Samaritan Inn and those individuals or companies who provide such information.

Signature: _____

Date: _____