



Samaritan Services

Volunteer Application Form



Last Name _____ First Name _____ M.I. _____
 Telephone # _____ Kings Point _____ SCC _____
 Cell phone # _____ Months Available _____
 Street Address _____
 E-mail Address _____

Emergency contact (next of kin) _____ Telephone # _____
 Cell phone # _____

Driver out of town	Length of ride _____	Receptionist 9 a.m. - 12:30 p.m. _____ 12:30 p.m. - 4:00 p.m. _____ any time _____
Driver in town	9 a.m. until 4 p.m. _____	
Driver in town	9 a.m. until 12:30 p.m. _____	
Driver in town	12:30 p.m. until 4 p.m. _____	
Dispatcher (in town)	9 a.m. until 4 p.m. _____	

Regular _____ This means you would like to be assigned the same day each month.
 Substitute _____ This means you would like to be called when needed.
 _____ Both of the above. May be called more than once a month.

Please circle the days you would be willing to volunteer.

Mon. Tues. Wed. Thurs. Fri.

Special talents: _____
 cars, computers, marketing, social media

copy of drivers license

If you have any points on your license please wait until your license is clear to apply (3 yrs. from incident)

I understand and agree to treat all information on clients that should come to my attention and knowledge as privileged and confidential. I will not disclose such information to anyone other than authorized persons.

Signed: _____ Date: _____

Trained with _____ Manual given