



## Volunteer Application

Date \_\_\_\_\_

Name: \_\_\_\_\_ Former Name (if applicable): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ (Must be 16 years of age)

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Why are you interested in volunteering at Good Samaritan Ministries & Thrift Store?

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### Interests

\_\_\_ Clothing \_\_\_ Shoes \_\_\_ Linens \_\_\_ Organizing/Cleaning \_\_\_ Incoming Donations

\_\_\_ Office Support \_\_\_ Other interest \_\_\_\_\_

### Availability

\_\_\_\_\_ Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday  
\_\_\_\_\_ Thursday \_\_\_\_\_ Friday \_\_\_\_\_ Saturday \_\_\_\_\_ Sunday

### Skills and Experience

Special training, skills, hobbies

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What experiences have you had that may prepare you to work as a volunteer at Good Samaritan Ministries & Thrift Store?

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What would you like to learn from this volunteer experience?

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Please read the following carefully before signing this application

I certify that I have and will answer all questions to the best of my ability and that I have not and will not withhold any information that would unfavorably affect my application for a volunteer position.

I understand that information contained on my application will be verified Good Samaritan Ministries & Thrift Store.

I understand that misrepresentations may be cause for my immediate rejection as an applicant for a volunteer position with Good Samaritan Ministries & Thrift Store.

\_\_\_\_\_

Print Name

\_\_\_\_\_

Date

\_\_\_\_\_

Signature

OFFICE USE ONLY

Start Date \_\_\_\_\_ Volunteer Time Clock Number \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

Volunteer Coordinator Signature