



Confidential Volunteer Application for Adult (Ages 18+)

Please print all information and fill out all information requested.

Types of volunteer work you think you'd be most comfortable with:

- | | | |
|---|--|---|
| <input type="checkbox"/> Construction trades & project worker | <input type="checkbox"/> Mentoring & Discipleship ministry | <input type="checkbox"/> Help develop our Network of Churches |
| <input type="checkbox"/> Ministering to others with prayer & Counseling | <input type="checkbox"/> Good Samaritan Coffee Fundraising | <input type="checkbox"/> Follow-up & phone ministry |
| <input type="checkbox"/> Visiting the needy and sharing Jesus | <input type="checkbox"/> Reaching out to children | <input type="checkbox"/> Missions projects |

• PERSONAL INFORMATION

Name: _____ Maiden/Other Names: _____
Last First Middle Name

Sex: M F Date of Birth: ____ / ____ / ____ SSN#: ____ - ____ - ____
Month Day Year

Current Mailing Address: _____
Street City State Zipcode

Previous Mailing Address: _____
Street City State Zipcode

Phone Numbers: Home: _____ Cell: _____

Email Address: _____

Emergency Contact: _____
Name Phone # (Indicate Home, Work or Cell) Relationship

Current Employer: _____
Company Name Work Phone Occupation / Position

When are you available to volunteer? (specify hours of availability)
Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____ Saturday _____ Holidays Only _____

• PERSONAL BACKGROUND

1. When working in your ministry of interest, are there any physical limitations or other conditions that would prevent you from performing certain types of activities? Yes No

If yes, please explain: _____

2. Have you ever participated in, or been accused of, convicted of, or plead guilty or no contest to abuse or any sexual misconduct, molestation, or any other sexual or assaultive crime? Yes No

3. Have you ever been counseled for any of the situations described in item #2 above? Yes No

4. Are you aware of any traits or tendencies that you possess that could pose any threat to children, youth, or adults with disabilities? Yes No

REFERENCES – Please provide four (4) character references that meet all of the following:

- Has personally known the applicant at least FIVE (5) YEARS
 - Is 18 years of age or older
 - Does not reside at the same address as any of the other references
-

• **REFERENCE #1**

Name: _____ Relationship/Years Known: _____

Address: _____
Street City State Zipcode

Phone Numbers: Home: _____ Cell: _____

Email Address: _____

• **REFERENCE #2**

Name: _____ Relationship/Years Known: _____

Address: _____
Street City State Zipcode

Phone Numbers: Home: _____ Cell: _____

Email Address: _____

• **REFERENCE #3**

Name: _____ Relationship/Years Known: _____

Address: _____
Street City State Zipcode

Phone Numbers: Home: _____ Cell: _____

Email Address: _____

• **REFERENCE #4**

Name: _____ Relationship/Years Known: _____

Address: _____
Street City State Zipcode

Phone Numbers: Home: _____ Cell: _____

Email Address: _____

I hereby certify that all information provided is true & complete to the best of my knowledge.

Signature

Date

By submitting this application, I authorize Samaritan's Global Outreach and its representatives to investigate and verify any and all of the information contained in this volunteer application, including a criminal background check and reference checks. I also authorize all previous employers, schools, and individuals herein to verify any and all information I have provided and to give any additional information in response to reference questions intended to determine my suitability for volunteer service.

Signature

Date

Samaritan's Global Outreach
PO Box 418, Oneonta, AL 35121
855-566-3419 • info@go2sgo.org
www.go2sgo.org