

# The Good Samaritan Center of Loudon County, Inc.

119 "A" Street – Lenoir City, Tennessee 37771

## VOLUNTEER APPLICATION

(PLEASE PRINT)

Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

Are you Married: \_\_\_\_\_ Single: \_\_\_\_\_ Divorced: \_\_\_\_\_ Widowed: \_\_\_\_\_ Birth Date w/o year \_\_\_\_\_

Home Phone: (     ) \_\_\_\_\_ Work Phone: (     ) \_\_\_\_\_ Cell Phone: (     ) \_\_\_\_\_

Email Address \_\_\_\_\_ ( used only for event or meeting notifications)

Do you have a CURRENT or NON-CURRENT RESUME: (Y) \_\_\_\_\_ (N) \_\_\_\_\_

Have you done volunteer work before: (Y) \_\_\_\_\_ (N) \_\_\_\_\_ If yes, where and what did you do: \_\_\_\_\_

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What skills, training, or knowledge do you wish to utilize here? \_\_\_\_\_

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What are your hobbies or interests: \_\_\_\_\_

Do you have computer skills: \_\_\_\_\_ if yes, what are your areas of expertise: \_\_\_\_\_

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Have you worked in a counseling capacity before: \_\_\_\_\_ if yes, what type counseling, and where:

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Have you ever worked as a receptionist, or in a "public" contact position before: \_\_\_\_\_ if yes, where did you work and what did you do: \_\_\_\_\_

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Some of our "Special projects" or "events" can require some light to moderate lifting. Would you be willing and able to help with these projects: (Y) \_\_\_\_\_ (N) \_\_\_\_\_?

There are times when we have a need for a pick-up truck or van. Would you be willing to use your truck or van to help "Good Sam" pick-up needed items? (Y) \_\_\_\_\_ (N) \_\_\_\_\_

I am interested in volunteering for the following positions: (please see attached sheet for volunteer job descriptions).

INTAKE COUNSELOR \_\_\_\_\_ FRONT DESK RECEPTIONIST \_\_\_\_\_ PANTRY WORKER \_\_\_\_\_

SPECIAL EVENTS \_\_\_\_\_ EVENT PLANNING & FUND RAISING EVENTS \_\_\_\_\_

SPEAKERS BUREAU \_\_\_\_\_ GOOD SAM'S "ANGELS" \_\_\_\_\_ MAJOR MAILING: \_\_\_\_\_

COMMODITIES \_\_\_\_\_ OFFICE HELP \_\_\_\_\_ TELEPHONE CALLING: \_\_\_\_\_

I would PREFER to work at the (circle one): Lenoir City - Loudon Center - either location

Lenoir City Location Hours are: Monday through Friday 8:45am - 1:00pm Thursday 3:45pm – 7:00pm

Loudon Center Hours are: Monday and Wednesday – 8:45am – 1:00pm

I am AVAILABLE TO WORK on the following days: Please be as specific as possible:  
e.g.: "1<sup>st</sup> & 5<sup>th</sup> Mondays" or "Any Wednesday" or "Thursday evenings" or "ANYTIME"

PLEASE LIST YOUR PREFERENCES: \_\_\_\_\_

I would be willing to SUBSTITUTE or switch days with someone when needed at the (circle one):  
Lenoir City Center Loudon Center Either Location Not at ALL

What days are you NOT available to WORK or SUB: \_\_\_\_\_

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By signing this application, I am verifying that all statements and information are true.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

DO NOT WRITE BELOW THIS LINE

DATE OF CONTACT: \_\_\_\_\_ REFER TRAINING \_\_\_\_\_ TRAINING COMPLETE: \_\_\_\_\_

MAILING & NAME TAG: \_\_\_\_\_ DATA "B" & PRINT OUT: \_\_\_\_\_ SCHEDULED \_\_\_\_\_

# VOLUNTEER RELEASE AGREEMENTS

Good Samaritan Center of Loudon County, Inc.

119 "A" Street

Lenoir City, Tennessee 37771

865-896-37771

Volunteer Name: \_\_\_\_\_

## RELEASE OF LIABILITY

By signing below, I affirmatively state that I understand that as a volunteer of The Good Samaritan Center, I agree to release, discharge and hold harmless all clients, volunteers, staff or any and all other parties, agents, or representatives involved with The Good Samaritan Center from liability for all manner of claims, demands and damages I may have, whether for property damage or personal injury, resulting from or in any way growing out of my participation as a volunteer for The Good Samaritan Center.

Volunteer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## PHOTO RELEASE

\_\_\_\_ DO \_\_\_\_ DO NOT

CONSENT to and authorize the use of and reproduction by The Good Samaritan Center of any and all photographs and any other audio/visual materials taken for promotional material, educational activities, and exhibitions or any other use for the benefit of the program.

Volunteer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Parent/Guardian signature if under 18.) Date: \_\_\_\_\_

## CONFIDENTIALITY STATEMENT

The Good Samaritan Center of Loudon County, Inc., will preserve the right of confidentiality for all clients in its programs. The volunteers will keep confidential all medical, social, personal and financial information regarding clients and his/her family.

I understand and will observe the confidentiality policy of The Good Samaritan Center.

Volunteer Signature: \_\_\_\_\_ Date: \_\_\_\_\_