



CareTeams a Program of

Samaritan
Center of Puget Sound

Volunteer Application

CONFIDENTIAL: This application and the information contained within are not to be released outside of Samaritan Center and the without permission of the volunteer. Last updated 7.1.2014

Date of Application ____/____/____

Name: _____ Date of Birth ____/____/____

Address: _____ RSVP Volunteer? **YES** **NO**

City, State, Zip _____

Home Phone (____) _____ Work Phone (____) _____

Cell Phone (____) _____ Okay to call at work? **YES** **NO**

Okay to mention Samaritan Center and the CareTeam Program when calling? **YES** **NO**

Email Address _____

Employer (If Applicable) _____ Job/Title _____

Faith Community or Congregation (If Applicable) _____

Membership in any Civic Organizations/Clubs (If Applicable) _____

Optional: Ethnicity _____

What languages do you speak? _____

How did you learn about the CareTeam Program and Samaritan Center ? _____

Briefly describe your motivation to become a Samaritan Center Volunteer: _____

List any experience/training relating to grief and loss, AIDS, mental health, chemical dependency, spiritual care, listening:
(Note: you do not need to have previous experience to become a volunteer)

Please indicate the days and times you are generally available to volunteer?

I hope to volunteer _____ hours per month.

How do you wish to volunteer with Samaritan Center of Puget Sound? (Check all that apply)

CareTeam Volunteer ___ Serve on a team to provide emotional, spiritual, and practical support to an isolated person or household.	
Maintenance Volunteer ___ Gardening and landscaping ___ Facilities maintenance: ___ Plumbing ___ Painting ___ Electrical work ___ General Maintenance	Moving/Transportation Volunteer ___ Transportation of CarePartners ___ Helping CarePartners move: ___ Packing Boxes ___ Light Lifting ___ Heavy Lifting ___ I have access to a truck or van
Office Volunteer ___ Office projects (i.e. filing, phone calls) ___ Mailings (stuffing and labeling envelopes) ___ Computer projects I am skilled with: ___ Graphic Design ___ Website Design/Upkeep ___ Databases ___ Word Processing ___ Handwriting/Hand addressing envelopes	Development/Outreach Volunteer ___ Special event planning and production ___ Soliciting individuals/corporations for donations ___ Reading grant proposals ___ Writing articles for newsletters ___ Tabling at health fairs, parades, concerts, etc. ___ Distributing information about upcoming events ___ Public Speaking about the CareTeam Program ___ Donor database upkeep ___ Making thank you/follow up calls with donors

Each CareTeam volunteer is required to attend CareTeam Training. Which session are you interested in attending?
Note: There is a fee associated with the training. Scholarships are available.

CareTeam Training- one day (for CareTeam volunteers and Agency volunteers)	
<input type="checkbox"/> October 2014	<input type="checkbox"/> 2015

Print Name _____

Signature _____

Date _____

Send by mail to: Samaritan Center – CareTeams, 564 NE Ravenna Blvd., Seattle, WA 98115 or fax to 206.527.1009 or email to spietras@samaritanps.org