

Volunteer Application

Today's Date:				
Location Preference(s): Waynesville Thrift Store	Richland	Thrift Store	Genesis	Pantry
Please print clearly.				
Last Name:	First Nam	e:		
Address:				_
City:	State:	Zip:		_
Phone Number:	_ E-Mail:			
Are you younger than 18 years old? Yes No	_ If yes, you	will need Parent/G	uardian supervi	sion.
Emergency Contacts:				
Name:	_ P	hone Number:		
Name:	_ P	hone Number:		
Please list any skills that you have that would help wi	th the volun	teer placement.		
Do you have any limitations that might impact your				
If yes, please explain:				
Please read and initial each statement below.				
 I understand that Good Samaritan and it subsidiar and values as stated in their Statement of Faith. I a beliefs including but not limited to: refraining from exemplifying a responsible work ethic while on any I understand that although I am a volunteer, I am to the best of my ability I understand that clients and customers have the ridentity and any information I come in contact with I hereby certify that all entries on this application verification and I consent to criminal history back I understand that any of the information given we 	gree to abide a the use of premises depended or ight to their the confidential are true. It kground che	by any moral guideling rofanity, practicing portion to be timely and perprivacy and that am coll and erstand that the inck	nes that may resursitive customer rform my duties harged with keep	alt from these service and in their entirety ping their

Signature: _____