Volunteer Application

SAMARITAN MINISTRY of Greater Washington

Date:_____

Mr./Ms./Mrs._____
First Middle Last

Address:_____

Address:_____

Home Phone:_____ Work Phone:_____

Email address:_____ Date of Birth:_____

Occupation:_____

Employer/School_____

Education Completed/
Field of Study:_____

Do you have previous volunteer experience? Y N

Agency:	Role:	Dates:

Time available to volunteer:__One time opportunity __Weekly __Monthly __Other

Best times:_____

REFERENCES: Please list 2 references with telephone numbers where they can be reached

1._____#_____Email_____

2._____# _____Email_____

How did you hear about Samaritan Ministry?_____

Are you a member of a Samaritan Ministry Partner Parish? Which one? _____

Send completed form to Gayle Butzgy at gbutzgy@samaritanministry.org or fax to 202-722-2088