SAMARITAN MINISTRY
of Greater Washington

Volunteer Application

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:_____

I am interested in volunteering as: _____

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

1._____#_____

2._____#_____

How did you hear about Samaritan Ministry?_____

If you a member of a Samaritan Ministry Partner Parish, which one? _____

Send completed application to Dianne Lewis at dlewis@samaritanministry.org or by fax 202-722-2288.