

SAMPLE GOOD SAMARITANS VOLUNTEER APPLICATION FORM

VOLUNTEER APPLICATION

Name: _____
Address: _____ City, State, ZIP _____
Home #: _____ Cell #: _____
Work #: _____ E-mail: _____

AREAS OF INTEREST: (check all that apply)

NOTE: Volunteers do not need to have specific skills in any of the areas of interest. If you are interested in joining a home repair team, we can provide training so that you can go on calls for emergency repairs. Training is required for all volunteers, and continuous skill-building and training opportunities will be provided in all areas.

- Property repair (Replace locks, secure windows, etc.)
- Crime scene cleanup (Clean up broken glass, etc.)
- Document replacement (Help victims replace their Social Security cards, driver's licenses, etc.)
- Court accompaniment (Accompany victims to court proceedings to provide emotional support.)
- Phone followup (Call victims to provide support and resource information after crime.)
- Program promotion and marketing (Help get the word out to police departments, community groups.)

HOME REPAIR SKILLS: (check all that apply)

- WINDOWS
- LOCKS
- DOORS
- ELECTRICAL
- CARPENTRY
- OTHER (describe) _____

AVAILABILITY: DAYS AND TIMES

- WEEKDAYS
 - WEEKNIGHTS
 - WEEKENDS
 - ANYTIME
- 6 a.m.-6 p.m. 6 p.m.-6 a.m. ANYTIME (Specify): _____

Good Samaritans volunteers are required to undergo a background check by the District Attorney's Office.

Date of birth: _____ Social Security #: _____ I agree to a background check.

This information will not be shared with anyone but the District Attorney's Office.

SIGNATURE: _____

DATE _____