

**Good Samaritan Program
East Granby Senior and Social Services
20 Center Street, East Granby, CT 06026
860/653-4371**

Dear Good Samaritan Volunteer:

Thank you for your interest in volunteering with our new Good Samaritan Program. Enclosed you will find information regarding the program and various volunteer opportunities serving East Granby's elderly men and women.

Please complete the volunteer application and return it to us either by fax (860/653-4371) or by mail using the following address:

Good Samaritan Program
c/o East Granby Senior Services
P.O. Box 1858
East Granby, CT 06026

We have a variety of opportunities for you to get involved with this program. We need volunteers to visit our elders who live alone, assist them with projects in their home that they can not complete on their own, assistance with errands or assisting with a program offered by Senior Services.

Our goal is to find an assignment that will best suit you, your interests and match you with a senior in need. If you have any questions please do not hesitate to contact us at the number above. We look forward to hearing from you!

Sincerely,

Kelly Jacobs
Director of Senior Services

Alicia Van Neil
Director of Social Services

Volunteer Application

Name: _____ Date: _____

Date of Birth: _____ Home Phone: _____ Cell Phone: _____

Address: _____ City: _____ Zip: _____

Email: _____

Best way to contact you (please check one): email _____ home phone _____ cell phone _____

How did you hear of the Good Samaritan Program?

Describe your current and/or previous volunteer experience(s): _____

Do you have any experience with the elderly? (family, work, etc.) _____

Describe briefly why you are interested in participating in this program, what you hope to gain, and what you hope to contribute: _____

Do you have any special interests or hobbies you would like to share with our elderly friends: _____

What languages do you speak? Primary: _____ Additional: _____

General Availability (check all that apply): Weekdays _____ Weeknights _____ Weekends _____

Volunteer Work Desired:

_____ Friendly Visiting

_____ Holiday Visiting

_____ Day Time Medical Transportation

_____ Assistance with special events

_____ Becoming a mentor for a high school student

_____ Gardening/Planting

_____ Light yard work

_____ Handyman (small projects)

_____ Shopping/Assistance with errands

_____ Other

Please list two **References**, (not a relative).

1. Name: _____ Phone: _____
Address: _____
City: _____ State: _____ Zip: _____
Email: _____ Relationship: _____

2. Name: _____ Phone: _____
Address: _____
City: _____ State: _____ Zip: _____
Email: _____ Relationship: _____

For Internal use only (do not fill out)

Received on _____ Data entered on _____ Background Check _____

Orientation _____ Match _____