



**SAMARITAN'S
CARRIAGE**

Jim Van Wingerden, Executive Director
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Samaritan's Carriage Outings Volunteer Information

Volunteer Name _____ Date of Birth (*drivers only*) _____

Address _____ City _____ State _____ Zip _____

Phone _____ Cell Phone _____ Email _____

Name of church that you attend _____ Church address _____

Days of the week you are available to attend SC outings: Mon Tue Wed Thurs Fri

• Comments: _____

Months of the year available (or not) to attend SC outings _____

• Comments: _____

Number of outing assignments per month (preferred) _____

Are you willing to be trained as a SC driver? Yes No (a standard MI operator's license is adequate)

Any preferences you have (assisted care facilities, volunteers you prefer to work with, etc.) for consideration when scheduling:

Any medical/health issues we should be aware of when scheduling (info will be kept in confidence):

Name, Phone #, relationship of an emergency contact person (for you): _____

Do you have any friends or relatives who might be interested in serving as a SC volunteer? _____

What is your preferred method of receiving SC monthly schedules and assignments:

- Postal mail Email Both

Please complete this form and send it to: Jim Van Wingerden (*contact information is listed above*)

Sharing God's Love with Persons with Restricted Mobility

www.samaritanscarriage.org