

**St. Peter's Church
ATTN: Samaritan House
47 Central Avenue
Wellsboro, PA 16901
Phone: 607-857-3447 (Mary)
Email: Samaritan.House.3@gmail.com**

Samaritan House of Wellsboro

Thank you for your interest in sharing your gifts as a volunteer for the guests of Samaritan House, which is a non-denominational ministry of St. Peter's Parish in Wellsboro.

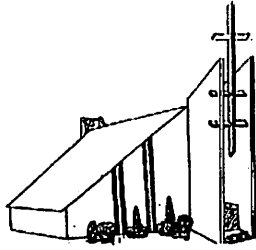
Samaritan House was founded in 1998 and has served approximately 100 guests. We welcome guests and volunteers from all faiths; we are not affiliated with any health care or physician group. We have a Medical Facilitator who communicates with the guest's physician concerning admission criteria. Samaritan House is supported solely by donations and small grants.

Samaritan House volunteers do not need medical skills, just caring hearts and a willingness to provide comfort to the guests. Volunteer shifts are 4 hours during the day and 8 hours at night. Any shift can be split if necessary. A volunteer can work as much or as little as they are able. Any amount of time you can offer is deeply appreciated.

The role of a volunteer is a privileged one. To share in another's life during the dying process is a blessing. It is in the spirit of the "Good Samaritan" that we welcome your inquiry and your desire to participate in this ministry. If you have any questions, please do not hesitate to contact Linda Sampson at the number or email address above.

Thank you again for your interest and we look forward to hearing from you.

Revised 3/2023



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Samaritan House Volunteer Application

Name: _____ Date: _____

Address: _____

Email Address: _____

Phone: _____ Cell Phone: _____ Age: _____ Sex: M F

Occupation: _____

Employer: _____

Languages Spoken: _____

What type of volunteer experience have you had? _____

How did you hear about Samaritan House? _____

Why do you wish to volunteer at Samaritan House? _____

Describe your experiences with death and loss: _____

What strengths do you bring to this ministry? _____

What are your hobbies and special interests? _____

What apprehensions do you have concerning working with a dying person and his or her family?

Here are some of the things a volunteer does at Samaritan House:

- *Provides unskilled bedside care**
- *Provides emotional/spiritual support for guest/family/friends.**
- *Provides companionship, diversion, encouragement; listens, maintain/respect guest's values and beliefs and faith tradition.**
- *performs simple housekeeping tasks**

Comment on your desire/ability to fulfill these roles: _____

Other Volunteer Roles:

(Organizational roles, i.e. fund raising, public relations, bereavement follow-up.) Comment on your desire/ability to fulfill these roles: _____

Do you have any health problems or physical limits that would restrict the work you are able to do?

How often are you willing to volunteer? _____

Is there anything else that you would like to tell us about yourself? _____

Please give names, addresses and phone numbers of two references that we may contact:

Indicate a convenient time for an interview: _____

Signature: _____ **Date:** _____

If under 18 years of age, Parent's signature: _____

Received 3/2023

CONFIDENTIALITY AGREEMENT FOR SAMARITAN HOUSE VOLUNTEERS

I, the undersigned, acknowledge that during the course of my voluntary participation or performance of duties at **Samaritan House** I will receive access to confidential information that is prohibited from disclosure to others.

"Confidential Information" refers to information provided by Samaritan House that is not commonly available to the general public as regulated by the Health Information Portability and Accountability Act (HIPAA). Confidential Information includes information contained in the guest's medical records and any other personal or health information which identifies the guest.

By signing below, I agree that

1. Will not disclose in any manner any Confidential Information gained by being a volunteer at Samaritan House for any purpose
2. Will not share, disclose or discuss Confidential Information with anyone who does not have a legitimate interest in such information.
3. Will maintain and protect the privacy of guests at Samaritan House and I will not misuse or be careless with such information.
4. Understand that any violation of this Agreement may result in legal ramifications for which I will be held solely responsible with respect to this Agreement.
5. Understand that my assurance of confidentiality and these requirements do not cease when I am no longer a volunteer.
6. Acknowledge that I have reviewed all of the above information. I understand that compliance with the above Agreement is a condition of my continued volunteering and presence at Samaritan House.

Name (Print) _____ Signature: _____ Date: _____

Samaritan House Representative: _____ Date: _____