



VOLUNTEER APPLICATION FORM

Mission Statement

The Salvation Army exists to share the love of Jesus Christ, meet human needs and be a transforming influence in the communities of our world.

Name: _____ Date: _____
 Address: _____ Telephone: _____
 City: _____ Prov: _____ Cell phone: _____
 Postal Code: _____ Email: _____

Previous volunteer experience with (please include name & phone #):

Education/Training background:

Employment experience:

Would you be willing to work with people whose background is different than your own?

Do you drive? Yes No Transportation Available? Yes No

Skills you have to offer:

- Work well with people Computer knowledge Organizational skills Creative ideas
- Drive a vehicle Physical strength Teaching skills Other

Reasons for volunteering:

- Skill development To help others To keep busy To meet people
- Course credits Community hours Other

How did you hear about our program?

- Friend Newspaper Radio Volunteer Centre
- Salvation Army HQ Salvation Army speaker Other

Please check which areas you would most like to volunteer in:

- General Office Help Food Bank Children & Youth Programming
- Community Crisis Unit Janitorial Christmas Kettles
- Thrift Store Kitchen Help Other

Availability:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

Length of volunteer commitment: Special Event Less than 6 Months More than 6 Months

What prompted you to choose The Salvation Army for your volunteer service?

How do you think you can help The Salvation Army?

Is there any medical information or physical, mental or psychological disability that should be taken into consideration, or that may affect your ability to perform as a volunteer?

In case of emergency contact:		
Telephone:	Cell:	Other:

References – please supply two references (necessary if indication in the Volunteer Position Description):

One reference from employer, minister, or teacher

One reference from family, friend, or neighbour

Name

Name

Address

Address

Telephone

Telephone

Relationship

Relationship

I hereby authorize The Salvation Army to contact references provided, to request checks (eg criminal record, abuse and child abuse registries), and to verify qualifications (eg driver's license, nursing qualifications) deemed necessary for the volunteer position. I understand that this is necessary to ascertain my suitability as a volunteer.

Applicant Signature

Date

Signature of parent or guardian
(required if applicant under the age of 18 years)

Date

OFFICE USE ONLY	<input type="checkbox"/> Pending	<input type="checkbox"/> Orientated	<input type="checkbox"/> Placed
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CONFIDENTIALITY POLICY

The Salvation Army requires that strict confidentiality be maintained with respect to all information obtained by volunteers concerning the ministry unit to which they are assigned, as well as all clients and others they serve.

The volunteer shall not divulge any information obtained in the course of her/his volunteer placement to any third parties without the prior written consent of The Salvation Army. This includes, but is not limited to, information pertaining to the financial status and operations of the ministry unit such as budget information, donations of money or gifts in kind, salary information, information pertaining to clients of the ministry unit, etc.

No information concerning any volunteer will be divulged without the prior written consent of the volunteer. This includes addresses, telephone numbers, etc.

Failure to comply with the above listed items may result in disciplinary action, including discontinuing the services of the volunteer.

AGREEMENT

In understand the above and agree to uphold the confidentiality of these matters both during and following my volunteer service or contact with The Salvation Army.

Volunteer's Signature

Witness

Date

WAIVER OF LIABILITY

The Salvation Army agrees to treat all volunteers with dignity and respect, having due regard for their personal safety and their personal property while they are serving as volunteers.

To that end, The Salvation Army will take reasonable steps necessary to ensure a safe and secure working environment for all individuals, including volunteers.

While volunteers will not knowingly be placed in unsafe situations or exposed to unnecessary risk, it is recognized that accidents or losses occasionally happen which cannot be attributed to any fault on the part of any one individual or organization.

The purpose of this document is to release The Salvation Army from liability for accidents, injuries, losses and damage which may occur in the course of providing volunteer services, where such accidents, injuries, losses or damage are not caused by negligent acts or omissions on the part of The Salvation Army.

As a volunteer participant in the delivery of Salvation Army programs and services, I agree to the following:

1. The Salvation Army will not be required to compensate me for any harm or loss suffered as a result of my participation in the provision of volunteer services, whether that be harm such as illness, injury or death, or loss of or damage to personal property unless such harm or loss is caused by negligent acts or omissions on the part of The Salvation Army or those for whom it is legally responsible.
2. I relinquish any right I might have to claim compensation from The Salvation Army for any harm or loss suffered by me in connection with the provision of volunteer services except if such harm is caused by negligent acts or omission of The Salvation Army or those for whom it is legally responsible.
3. Any reference to The Salvation Army in this document shall include The Salvation Army Canada and Bermuda Territory, The Governing Council of The Salvation Army in Canada, and all associated charities, divisions and unincorporated associations, as well as all officers, employees and volunteers of any of them.

I fully understand and agree to the terms set out in this document and I am signing it voluntarily.

SIGNED, SEALED AND DELIVERED
in the presence of:

Volunteer's Printed Name

Volunteer's Signature

Volunteer's Address

Date

Witness' Printed Name

Witness' Signature

Witness' Address

Date