



Volunteer Application

Tell us about yourself.

Name	_____	_____	Day - Evening -
Home Address	_____	Phone	_____
City/State	_____	Zip	_____
Email:	_____		

In case of emergency, who should be contacted?

Emergency Contact	_____		
Day Phone	_____	Evening Phone	_____

What is your education level? (Check all that apply.)

<input type="checkbox"/> Elementary School	<input type="checkbox"/> College
<input type="checkbox"/> High School	<input type="checkbox"/> Graduate School
<input type="checkbox"/> GED	<input type="checkbox"/> Academic/Professional Credentials
<input type="checkbox"/> Trade School	<input type="checkbox"/> Military Experience

Tell us about your goals and previous experience.

Activities, special skills, etc.
Previous volunteer experience:
What would you like to accomplish through volunteer service?

When are you available to volunteer? (Circle the appropriate choices.)

Weekday: morning afternoon evening
Weekend: morning afternoon evening

How often do you wish to volunteer?

Once a week Once a month Twice a month Other _____

How many hours would you like to work each time?

2-4 hours 4-6 hours 6-8 hours Other _____

Would you be available as an emergency substitute?

Yes _____ No _____

What are your volunteer interests? (Check all that apply.)

Year-round areas of interest: (our location)

- | | |
|---|---|
| <input type="checkbox"/> Food pantry: stocking shelves/ bagging groceries | <input type="checkbox"/> Clerical support: filing/record keeping/data entry |
| <input type="checkbox"/> Barber (License Required) | <input type="checkbox"/> Tutor Subject: _____ |
| <input type="checkbox"/> Food service | <input type="checkbox"/> Life skills: teacher/consultant |
| <input type="checkbox"/> Maintenance/Housekeeping | <input type="checkbox"/> Clothes closet: sorting and arranging /filling clothing requests |
| <input type="checkbox"/> Other _____ | |

Seasonal/Additional areas of interest: (another location)

- | | |
|---|--|
| <input type="checkbox"/> Mailing newsletter | <input type="checkbox"/> Distributing Christmas gifts |
| <input type="checkbox"/> Disasters | <input type="checkbox"/> Angel Tree in area malls |
| <input type="checkbox"/> Setup for sorting Christmas gifts | <input type="checkbox"/> Bell ringing at Christmas time |
| <input type="checkbox"/> Sorting Christmas gifts | <input type="checkbox"/> Serving meals to the homeless at Christmas |
| <input type="checkbox"/> Client applications for Angel Tree | <input type="checkbox"/> Serving meals to the homeless at Thanksgiving |
| <input type="checkbox"/> Filling Christmas stockings | <input type="checkbox"/> Other: _____ |

Who may we contact for a reference? (Please list three individuals, other than family members.)

Name: _____	Relationship: _____
Phone: Day: _____	_____
Evening: _____	_____
Name: _____	Relationship: _____
Phone: Day: _____	_____
Evening: _____	_____
Name: _____	Relationship: _____
Phone: Day: _____	_____
Evening: _____	_____

Is there anything else you would like to share with us?



Confidentiality Commitment

Acknowledging that Federal law protects client confidentiality, I agree to respect the complete confidentiality and privacy of any client whom I might see, talk with, or have any contact with while in this facility. I will not divulge information regarding any person, including clients, staff, interns, and/or individuals within the program, without receiving prior written consent from the individual to do so.

Further, I understand the corps officer/unit administrator/executive director or his/her designated staff must be notified immediately if a court order is served to a current or former staff member, volunteer, Board member, or student intern regarding any program records or activities, residents, nonresidents, shelter center activities, or personnel policies.

Signature: _____	Date: _____
<input type="checkbox"/> Client <input type="checkbox"/> Staff <input type="checkbox"/> Intern <input type="checkbox"/> Volunteer <input type="checkbox"/> Board Member	
Witness Signature: _____	Date: _____

NOTE: All clients, staff, Board members, and/or volunteers are to sign this form. The original signed form will be held by the Human Resources Director, Volunteer Coordinator, or in each individual client file. Forms signed by residents or nonresidents will remain as a permanent record until the fire is destroyed.



Affirmation

I hereby affirm that statements given by me on the application are true and accurate. I understand that any false or misleading information submitted on or omitted from this application will be sufficient cause for immediate dismissal.

I grant permission to persons or concerns to furnish any and all information, including personal character, habits, work record, and skills, or any other pertinent information in their possession and hereby release all such persons and concerns from liability.

I understand that The Salvation Army reserves the right to terminate my assignment at any time. I agree upon termination to surrender any and all properties issued to me by The Salvation Army.

I understand that I will receive no compensation for goods or services.

Signature of Volunteer

Date



Volunteer Service Release

Whereas the undersigned wishes to participate in and aid The Salvation Army in rendering service, and The Volunteer wishes to accompany other volunteers under the direction of The Salvation Army to various facilities and departments.

Now, therefore, in consideration of The Salvation Army allowing The Volunteer to participate in and aid The Salvation Army and its clients in rendering services in various facilities and departments and allowing The Volunteer to accompany other volunteers under the direction of The Salvation Army to their respective facilities and departments, The Volunteer agrees as follows:

- (1) The Volunteer is participating in and aiding The Salvation Army in rendering services to various facilities and departments and is accompanying other volunteers to various departments entirely upon the initiative of The Volunteer and The Volunteer assumes all risk associated with rendering such aid. The Volunteer understands and is aware of the risk associated therewith and voluntarily assumes such risk.
- (2) The Volunteer does hereby forever indemnify, defend, and hold harmless The Salvation Army and all of its officers, agents, and employees, acting officially or otherwise, from any litigation, causes of action, damages, costs, and expenses of every kind and character (including reasonable attorney's fees) for, on account of, or in connection with, and personal injury, damages, or loss of any kind or character to person or property suffered or occasioned by The Volunteer whether or not caused by or resulting from the negligence of The Salvation Army or any of its officers, agents, and employees, acting officially or otherwise, in connection with or with regard to the rendering of services by The Volunteer to various facilities and departments.
- (3) The Volunteer does hereby, for himself or herself and his or her executors and administrators, assign, release, remise, and forever discharge The Salvation Army and all of its officers, agents, and employees, acting officially or otherwise, from any and all claims, demands, losses, actions, or causes of such action, liabilities, litigation cost, and expenses of every kind and character (including reasonable attorney's fees) on account of the death of The Volunteer during, with regard to, or in connection with the rendering of such services by The Salvation Army.

Signature of Volunteer

Date

Signature of Witness

Date



Photo Release

I hereby irrevocably grant to The Salvation Army the absolute right and permission to copyright and/or publish or use photographic portraits or pictures of me, or in which I may be included in whole or in part, or composite or distorted in character or in form, in conjunction with my name or a fictitious name, or reproductions thereof in color in otherwise, made through any media, for art, advertising, or any other lawful purpose whatsoever. I also grant The Salvation Army the same right and permission to use any statement or testimonials made by me.

Date

Name

Address

Parent or
Legal Guardian

Signature
