



DOING THE MOST GOODSM

VOLUNTEER

Northern Division Volunteer Application

Corps/ Service area: _____
DHQ Processed on: _____

Full Legal Name _____

Address _____

City _____ State _____ Zip _____

E- Mail Address: _____

Home Phone (____) _____ Work Phone (____) _____ Cell Phone (____) _____

Date Of Birth _____ Language(s) you speak _____

Volunteer Interests (Please X all that apply)

- Child Care Office Help Driving Seniors Meal Serving Art or Music
 After School Programs Food Shelf Yard and Buildings Projects Thrift Store Bell Ringing
 Emergency Disaster Services Christian Teaching Other _____

In the appropriate box below, please indicate the day(s) and times you are available to volunteer:

	Mornings	Afternoons	Evenings
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

Emergency Contact Information

Name: _____ Relationship _____

Home Phone (_____) _____ Cell Phone (_____) _____

Is there anything we should know in case of an emergency? _____

Personal References (must be over 18 years of age and not relatives) (Supervisor comments on reverse side of the page):

Name _____

Address _____

City/State/Zip _____

Phone: (____) _____ Supervisor checked ref on: _____ Int: _____

Name _____

Address _____

City/State/Zip _____

Phone: (____) _____ Supervisor checked ref on: _____ Int: _____

Name _____

Address _____

City/State/Zip _____

Phone: (____) _____ Supervisor checked ref on: _____ Int: _____

Criminal History

Have you ever been convicted of a felony? – and/or –Within the last two years, have you been convicted of a misdemeanor which resulted in imprisonment/jail? (Note: A conviction will not necessarily disqualify you from a volunteer position. You should not disclose any information regarding criminal arrest or conviction records that have been expunged or sealed.)

Yes No **If yes, please explain in detail (please use additional paper if needed)**

Current place of employment: _____

Mailings: Do you object to receiving solicitations from The Salvation Army? Yes No

Confidentiality Agreement: By submitting this application, I promise that I shall hold in confidence all information regarding callers and clients of The Salvation Army. I will not violate the confidential relationship between the programs, volunteers, staff and callers/ clients. I will not remove from the office any written client records or copies. I understand and agree that I am personally responsible and liable for any violation of the agreement. Initials: _____

Your signature verifies that all information in this volunteer application is true to the best of your knowledge and you permit The Salvation Army to follow up on any information given.

Signature of Applicant

Date

Special Note: Minor Applicants require parental or guardian consent to volunteer and that the information provided by the minor child is accurate and complete:

Signature of Parent or Guardian

Date