



# DOING THE MOST GOOD<sup>SM</sup>

VOLUNTEER

## Emergency Disaster Services 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 \_\_\_\_\_

### Emergency Contact Information

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

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

\_\_\_\_\_

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

	Morning	Afternoon	Evening	Overnight
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				

# Emergency Disaster Services Volunteer Application

Please circle the following types of volunteer work you are interested in doing for The Salvation Army Disaster Services:

Canteen Services	Communications	Warehouse	Team Leader
Canteen Driver	Internet	Fork Lift (Licensed)	Finance/Admin
Canteen Server	Dispatcher	Truck Driver	Case Work
Supply Driver	Technical	Vehicle Maintenance	Incident Commander
	Amateur Radio	Warehouse Organizing	Operations
			Planning

**Are you a licensed Ham Radio Operator? Yes or No**

**If yes, what is your call sign?** \_\_\_\_\_

**Type of License** \_\_\_\_\_

- |  |     |    |
|--|-----|----|
| 1. Are you willing to participate in scheduled exercises and/or trainings? | Yes | No |
| 2. Are you willing to deploy (2 week minimum) to regional disasters?       | Yes | No |
| 3. Are you willing to deploy to disasters throughout the United States?    | Yes | No |

## Education Information

High School or GED \_\_\_\_\_

Vocational/Associates Degree \_\_\_\_\_

Bachelor's Degree \_\_\_\_\_

Master's Degree \_\_\_\_\_

Doctorate \_\_\_\_\_

Other formal education \_\_\_\_\_

## Emergency & Disaster Services Information Certificates and Licenses

Firefighter: \_\_\_\_\_ Law Enforcement: \_\_\_\_\_ First Responder: \_\_\_\_\_ Emergency Manager: \_\_\_\_\_

First Aid: \_\_\_\_\_ CPR: \_\_\_\_\_ EMT: \_\_\_\_\_ Paramedic: \_\_\_\_\_ Nurse: \_\_\_\_\_

Physician: \_\_\_\_\_ Other: \_\_\_\_\_

### Specialized Disaster Training Information\*\*

National EDS Courses: \_\_\_\_\_

FEMA Courses: \_\_\_\_\_

MN State Courses: \_\_\_\_\_

CISM: \_\_\_\_\_

\*\* List courses in disaster service, emergency management or related fields. Please attach transcripts or send at a later time. We are required by our Territorial office to have them on file. We can make copies and send originals back to you.

**Personal References (must be over 18 years of age and not relatives)**

Name \_\_\_\_\_

Street/City/State/Zip \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ Supervisor checked ref on \_\_\_\_\_ Int: \_\_\_\_\_

Name \_\_\_\_\_

Street/City/State/Zip \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ Supervisor checked ref on \_\_\_\_\_ Int: \_\_\_\_\_

Name \_\_\_\_\_

Street/City/State/Zip \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ Supervisor checked ref on \_\_\_\_\_ Int: \_\_\_\_\_

**Criminal History**

Have you ever been convicted of a felony? Yes  No  **If yes, please provide dates and details; if necessary please use an additional sheet of paper.**

Have you ever been convicted of a misdemeanor in the last two years which resulted in imprisonment/jail? Yes  No  **If yes, please provide dates and details; if necessary please use an additional sheet of paper.**

(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.)

**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**



## **The Salvation Army Code of Conduct for Disaster Workers**

The Salvation Army is a worldwide religious and charitable organization, motivated by the love of God and concern for the needs of humanity. The Army's tradition of helping those in need began more than 150 years ago, and providing emergency relief to disaster victims is just one of many services The Salvation Army offers to those in need.

Salvation Army disaster workers are expected to respect this tradition of service and conduct themselves in a manner reflective of the compassion and dignity of Christ. You are expected to adhere to the highest standards of personal, professional, and business ethics and to always use common sense and good judgment about the way you conduct yourself when on duty or representing The Salvation Army. Most of all, it is expected that all disaster workers of The Salvation Army will treat those we serve with respect and care, dispensing services equally and without discrimination.

As a Salvation Army disaster worker, you pledge to:

- Treat all people equally and deliver services without discrimination for any reason;
- Respect cultural and religious differences and accommodate these differences in the delivery of services;
- Protect the confidentiality of our clients and to refrain from disclosing sensitive information;
- Be mindful of expenses and help ensure that all donations, financial or in-kind, are used expressly for the purpose the donor intended;
- Refrain from business or conduct that is unethical or damaging to The Salvation Army's reputation;
- Avoid engaging in any illegal activity; and
- Support the Christian principals and mission of The Salvation Army.

When feasible, Salvation Army disaster workers should remove their disaster apparel and identification when off-duty. The Salvation Army does not support the use of alcohol. Smoking and the use of other tobacco products is not permitted within Salvation Army facilities and Salvation Army disaster workers should refrain from using products while engaged in service delivery.

Inappropriate or unethical behavior may result in corrective action, including permanent dismissal as a Salvation Army disaster worker.

To express your understanding of the Code, please sign below:

Participants Name (Please Print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**Important:** All **VOLUNTEER** Salvation Army disaster workers, aged **18 & older**, must have a signed Waiver of Liability on file. Please complete the following form and return this form to your local Salvation Army unit. Please print legibly!  
**PLEASE READ CAREFULLY! THIS IS A LEGAL DOCUMENT!**

This release and Waiver of Liability (the "Release") executed on this \_\_\_\_\_ day of \_\_\_\_\_, by \_\_\_\_\_ (the "Participant") in favor of **THE SALVATION ARMY**, a non-profit corporation organized and existing under the laws of the State of Georgia, USA, its directors, officers, employees, volunteers and agents (collectively, "The Salvation Army").

I, the Participant, desire to volunteer with The Salvation Army to provide emergency disaster relief services and engage in the activities related to offering these services. I understand that the activities may include, but are not limited to, travel to disaster sites in the United States; transportation in commercial and Salvation Army-owned vehicles; moving and lifting heavy objects; cooking and serving food; and working and inhabiting environments that may be without power, sanitation, or are otherwise damaged by the disaster event.

I hereby freely and voluntarily, without duress, execute the Release under the following terms:

1. **Waiver and Release.** I, the Participant, release and forever discharge and hold harmless The Salvation Army from any claim or liability that I, the Participant, may have against The Salvation Army with respect to any bodily injury, personal injury, illness, death or property damage that may result from my participation in a disaster relief operation. I also understand that The Salvation Army does not assume any responsibility or obligation to provide financial or other assistance, including, but not limited to medical, health, or disability insurance, in the event of injury, illness, death or property damage (see insurance requirements below).
2. **Insurance.** The Salvation Army does not carry or maintain, and expressly disclaims responsibility for providing any health, medical or disability insurance coverage for the Participant. **EACH PARTICIPANT IS EXPECTED AND ENCOURAGED TO CARRY PERSONAL LIABILITY OR HEALTH INSURANCE PRIOR TO REGISTERING AS A SALVATION ARMY DISASTER WORKER.**
3. **Medical Treatment.** Except as otherwise agreed to by The Salvation Army in writing, I hereby release and forever discharge The Salvation Army from any claim whatsoever which arises or may hereafter arise on account of any first-aid treatment or other medical services rendered in connection with an emergency during my time with The Salvation Army.
4. **Assumption of Risk.** I understand that my time with The Salvation Army may include activities that may be hazardous to me, including, but not limited to, cook and food preparation activities, loading and unloading of heavy equipment and materials, transportation to and from the disaster site, and working in locations damaged by the effects of a disaster. I recognize and understand that my time with The Salvation Army may, in some situations, involve inherently dangerous activities. I hereby expressly and specifically assume the risk of injury or harm in these activities and release The Salvation Army from all liability for injury, illness, death or property damage resulting from the activities of my time with The Salvation Army.
5. **Photographic Release.** I grant and convey unto The Salvation Army all right, title and interest in any and all photographic images and video or audio recordings made by The Salvation Army during my work for The Salvation Army, including, but not limited to, any royalties, proceeds or other benefits derived from such photographs or recordings.
6. **Other.** I understand that it is my desire to further the work of The Salvation Army by performing services as a Volunteer, specifically as a Volunteer in Emergency Disaster Services. I undertake to perform said services as a Volunteer without compensation and that, in performing said services, I acknowledge that I am not acting as an employee of The Salvation Army.

To express my understanding of this Release, I sign here with a witness.

**Participant Name (please print):** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Witness Name (please print):** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



**Consent to Request Consumer Report & Investigative Consumer Report Information**

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Applicant's First Name or Initial

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Last Name

I understand that The Salvation Army ("COMPANY") will use **Sterling InfoSystems Inc., 249 West 17th Street, New York, NY 10011, (877) 424-2457** to obtain a consumer report and/or investigative consumer report ("Report") as part of the hiring/volunteer process. I also understand that if hired/allowed to volunteer, to the extent permitted by law, COMPANY may obtain further Reports from STERLING so as to update, renew or extend my employment/ability to volunteer.

I understand **Sterling InfoSystems Inc.'s** ("STERLING") investigation may include obtaining information regarding my credit background, bankruptcies, lawsuits, judgments, paid tax liens, unlawful detainer actions, failure to pay spousal or child support, accounts placed for collection, character, general reputation, personal characteristics and standard of living, driving record and criminal record, subject to any limitations imposed by applicable federal and state law. I understand such information may be obtained through direct or indirect contact with former employers, schools, financial institutions, landlords and public agencies or other persons who may have such knowledge. If an investigative consumer report is being requested, I understand such information may be obtained through any means, including but not limited to personal interviews with my acquaintances and/or associates or with others whom I am acquainted.

The nature and scope of the investigation sought is indicated by the selected services below: **(Employer Use Only)**

- Criminal Background Check
- SSN Trace
- Motor Vehicle Report
- Consumer Credit Report
- Other Please List:
- Education Verification
- Employment Verification
- Personal Reference
- Professional License/Certification
- Sex Offender Search
- OFAC/Terrorist Watch List
- Fraud & Abuse Control Info System (FACIS®)
- Office of Inspector General Sanctions (OIG)

I acknowledge receipt of the attached summary of my rights under the Fair Credit Reporting Act and, as required by law, any related state summary of rights (collectively "Summaries of Rights").

This consent will not affect my ability to question or dispute the accuracy of any information contained in a Report. I understand if COMPANY makes a conditional decision to disqualify me based all or in part on my Report, I will be provided with a copy of the Report and another copy of the Summaries of Rights, and if I disagree with the accuracy of the purported disqualifying information in the Report, I must notify COMPANY within five business days of my receipt of the Report that I am challenging the accuracy of such information with STERLING.

I hereby consent to this investigation and authorize COMPANY to procure a Report on my background.

In order to verify my identity for the purposes of Report preparation, I am voluntarily releasing my date of birth, social security number and the other information and fully understand that all employment decisions are based on legitimate non-discriminatory reasons.

The name, address and telephone number of the nearest unit of the consumer reporting agency designated to handle inquiries regarding the investigative consumer report is:

Sterling Infosystems, Inc. | 249 W 17<sup>th</sup> St. 6<sup>th</sup> Floor, New York, NY 10011 | 877-424-2457 | or | 5750 West Oaks Boulevard, Ste. 100 Rocklin, CA 95765 | 800-943-2589 |

**D California, Maine, Massachusetts, Minnesota, New Jersey & Oklahoma Applicants Only:** I have the right to request a copy of any Report obtained by COMPANY from STERLING by checking the box. (Check only if you wish to receive a copy)

**D California, Connecticut, Maryland, Oregon, Vermont and Washington State Applicants Only (AS APPLICABLE):** I further understand that COMPANY will not obtain information about my credit history, credit worthiness, credit standing, or credit capacity unless: (i) the information is required by law; (ii) I am seeking employment with a financial institution (California, Connecticut and Vermont only – in California the financial institution must be subject to Sections 6801-6809 of the U.S. Code and in Vermont it must be a financial institution as defined in 8 V.S.A. § 11101(32) or a credit union as defined in 8 V.S.A. § 30101(5)); (iii) I am seeking employment with a financial institution that accepts deposits that are insured by a federal agency, or an affiliate or subsidiary of the financial institution or a credit union share guaranty corporation that is approved by the Maryland Commissioner of Financial Regulation or an entity or an affiliate of the entity that is registered as an investment advisor with the United States Securities and Exchange Commission (Maryland only); (iv) I am seeking employment in a position which involves access to confidential financial information (Vermont only); (v) I am seeking employment in a position which requires a financial fiduciary responsibility to the employer or a client of the employer, including the authority to issue payments, collect debts, transfer money, or enter into contracts (Vermont only); (vi) COMPANY can demonstrate that the information is a valid and reliable predictor of employee performance in the specific position being sought or held; (vii) I am seeking employment in a position that involves access to an employer's payroll information (Vermont only); (viii) **the information is substantially job related, and the bona fide reasons for using the information are disclosed to me in writing, (complete the question below)** (Connecticut, Maryland, Oregon

and Washington only);(ix) I am seeking employment as a covered law enforcement officer, emergency medical personnel, firefighter police officer, peace officer or other law enforcement position (California, Oregon and Vermont only - in Oregon the police or peace officer position must be sought with a federally insured bank or credit union and in Vermont the law enforcement officer position must be as defined in 20 V.S.A. § 2358, the emergency medical personnel must be as defined in 24 V.S.A. § 2651(6), and the firefighter position must be as defined in 20 V.S.A. § 3151(3)); (x) the COMPANY reasonably believes I have engaged in specific activity that constitutes a violation of law related to my employment (Connecticut only); (xi) I am seeking a position with the state Department of Justice (California only); (xii) I am seeking a position as an exempt managerial employee (California only); and/or (xiii) I am seeking employment in a position (other than regular solicitation of credit card applications at a retail establishment) that involves regular access to all of the following personal information of any one person: bank or credit card account information, social security number, and date of birth,, I am seeking employment in a position that requires me to be a named signatory on the employer's bank or credit card or otherwise authorized to enter into financial contracts on behalf of the employer, I am seeking employment in a position that involves access to confidential or proprietary information of the Company or regular access to \$10,000 or more in cash (California only).

**Bona fide reasons why COMPANY considers credit information substantially job related (complete if this is the sole basis for obtaining credit information) or in California and Vermont the COMPANY'S basis for the credit check.**

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**NY Applicants Only:** I also acknowledge that I have received the attached copy of Article 23A of New York's Correction Law. I further understand that I may request a copy of any investigative consumer report by contacting STERLING. I further understand that I will be advised if any further checks are requested and provided the name and address of the consumer reporting agency.

**California Applicants and Residents:** If I am applying for employment in California or reside in California, I understand I have the right to visually inspect the files concerning me maintained by an investigative consumer reporting agency during normal business hours and upon reasonable notice. The inspection can be done in person, and, if I appear in person and furnish proper identification; I am entitled to a copy of the file for a fee not to exceed the actual costs of duplication. I am entitled to be accompanied by one person of my choosing, who shall furnish reasonable identification. The inspection can also be done via certified mail if I make a written request, with proper identification, for copies to be sent to a specified addressee. I can also request a summary of the information to be provided by telephone if I make a written request, with proper identification for telephone disclosure, and the toll charge, if any, for the telephone call is prepaid by or directly charged to me. I further understand that the investigative consumer reporting agency shall provide trained personnel to explain to me any of the information furnished to me; I shall receive from the investigative consumer reporting agency a written explanation of any coded information contained in files maintained on me. "Proper identification" as used in this paragraph means information generally deemed sufficient to identify a person, including documents such as a valid driver's license, social security account number, military identification card and credit cards. I understand that I can access the following website <http://sterlinginfosystems.com/privacy> to view STERLING'S privacy practices, including information with respect to STERLING'S preparation and processing of investigative consumer reports and guidance as to whether my personal information will be sent outside the United States or its territories.

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**Signature:**

**Today's Date:**





*Para informacion en espanol, visite [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20006.*

## A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20006.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
  - a person has taken adverse action against you because of information in your credit report;
  - you are the victim of identity theft and place a fraud alert in your file;
  - your file contains inaccurate information as a result of fraud;
  - you are on public assistance;
  - you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).
- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-567-8688.
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.

• **Identity theft victims and active duty military personnel have additional rights.** For more information, visit [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).

**States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:**

TYPE OF BUSINESS:	CONTACT:
1.a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates.	a. Bureau of Consumer Financial Protection 1700 G Street NW Washington, DC 20006
b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the Bureau:	b. Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 (877) 382-4357
2. To the extent not included in item 1 above:	
a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks	a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050
b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and insured state branches of foreign banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act	b. Federal Reserve Consumer Help Center P.O. Box 1200 Minneapolis, MN 55480
c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations	c. FDIC Consumer Response Center 1100 Walnut Street, Box #11 Kansas City, MO 64106
d. Federal Credit Unions	d. National Credit Union Administration Office of Consumer Protection (OCP) Division of Consumer Compliance and Outreach (DCCO) 1775 Duke Street Alexandria, VA 22314
3. Air carriers	Asst. General Counsel for Aviation Enforcement & Proceedings Department of Transportation 400 Seventh Street SW Washington, DC 20590
4. Creditors Subject to Surface Transportation Board	Office of Proceedings, Surface Transportation Board Department of Transportation 1925 K Street NW Washington, DC 20423
5. Creditors Subject to Packers and Stockyards Act	Nearest Packers and Stockyards Administration area supervisor
6. Small Business Investment Companies	Associate Deputy Administrator for Capital Access United States Small Business Administration 406 Third Street, SW, 8th Floor Washington, DC 20416
7. Brokers and Dealers	Securities and Exchange Commission 100 F St NE Washington, DC 20549
8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations	Farm Credit Administration 1501 Farm Credit Drive Mclean, VA 22102-5090
9. Retailers, Finance Companies, and All Other Creditors Not Listed Above	FTC Regional Office for region in which the creditor operates or Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 (877) 382-4357

**THE SALVATION ARMY MOTOR VEHICLE REPORT REQUEST/DISCLOSURE/AUTHORIZATION FORM**

To be completed for all drivers of The Salvation Army (TSA) vehicles or anyone driving a personal vehicle for TSA business.

**DISCLOSURE OF INTENT TO OBTAIN A CONSUMER REPORT**

In accordance with the Fair Credit Reporting Act, we hereby notify you that for employment purposes we may request a consumer report in connection with your application for employment or any time during employment. For TSA purposes, a consumer report will be limited to driving records (MVR) available from the appropriate State Departments of Motor Vehicles.

*Please complete all fields below. Must be legible – please type or print neatly - Incomplete forms will not be processed!!*

COMMAND UNIT	LOCATION CODE (Completed by Chesterfield)
--------------	--

Officer   
 Cadet   
 Employee   
 Child of Officer   
 Volunteer   
 Retired Officer

**Driver's Name** \_\_\_\_\_  
(Please Print)                                  Last                                  First                                  M.I.

SS#: xxx-xx- (last four digits only)	Date of Birth: (MM/DD/YYYY)	Sex:
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Driver's License #:	State of Issue	Expiration Date: (MM/DD/YYYY)
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Is this a DOT driver\*?                                   YES     NO  
\*Driver must meet DOT requirements if operating a vehicle with a DOT decal and number.

Does driver have a CDL?                                   YES     NO  
\*\*Driver must have a Commercial Drivers License (CDL) if operating commercial vehicles in excess of 26,000 pounds gross vehicle weight or driving a vehicle designed to transport more than 15 persons including the driver.

**CERTIFICATION OF RECEIPT OF DISCLOSURE AND AUTHORIZATION TO OBTAIN A CONSUMER REPORT**

I acknowledge that I have read the "Disclosure of Intent to Obtain a Consumer Report."

The name of the consumer reporting agency gathering the consumer report is Intellicorp. I understand that I have a right to dispute any inaccurate information that may appear in the report.

I understand that the privilege to drive on behalf of The Salvation Army (TSA) is dependent on my ability to qualify as a driver, and remain qualified, according to TSA Fleet Safety Program Minute (Section 30, Minute 17). I understand and acknowledge that if driving is a requirement of my position with TSA, I may be terminated should I become disqualified to drive. My signature authorizes Chesterfield Services, Inc. ("CSI") to run a Motor Vehicle Report ("MVR") at any time during my service with TSA to evaluate whether I am qualified to drive under TSA Fleet Safety Program Minute. I authorize CSI to release to TSA information contained in the MVR associated with the above name and driver's license number that is necessary to comply with relevant Fair Credit Reporting Act provisions. I further agree to notify The Salvation Army immediately if my driver's license is revoked or suspended at any time during my employment/placement with The Salvation Army and failure to do so may result in disciplinary action up to and including termination.

Driver's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please check this box if you wish to receive a copy of the consumer report.

\*Date of birth information will be used by the consumer-reporting agency to try to insure accurate investigation. It will not be used in any employment decision. The Age Discrimination in Employment prohibits discrimination against person 40 years of age or older. This is a legal document and may be subject to audit. TSA must retain a copy of this form with Driver's Signature and a copy of the current Drivers License.

## THE SALVATION ARMY VOLUNTEER VEHICLE INFORMATION

I agree for myself, heirs or assigns, that should any accident occur involving personal injury to myself or loss or damage to my property during my volunteer service with The Salvation Army and its programs, to hold The Salvation Army free and harmless from any and all liability in connection therewith.

I understand that no automobile may be used in The Salvation Army service in any capacity unless insured as required by State Law. Proof of such insurance shall be required. I understand that although I may use my vehicle on official Salvation Army business that my personal insurance is primary.

I understand that under Minnesota State Law the minimum insurance coverage requires:

1. Twenty thousand dollars in medical and rehabilitation expenses
2. Twenty thousand dollars in non-medical benefits.
  - A. Loss of income up to \$250 per week.
  - B. Replacement services up to \$200 per week commencing one week after the crash.
3. Survivor or death benefits which include:
  - A. Loss of income up to \$200 per week:
  - B. Replacement services up to \$20 per week; and
  - C. Funeral and burial benefits up to \$2000.
4. Liability coverage of \$30,000. per person/\$60,000 per accident and \$10,000 of property damage.
5. Uninsured and under insured motorist coverage of \$25,000 per person and \$50,000 per accident.

Drivers Name	
Vehicle Make/model/year	
License # & State issue	

Insurance Agency	
Policy #	
Insurance Agents Name	
Phone #	

Date:	Signature:
-------	------------

CONFIDENTIAL

THE SALVATION ARMY

STATEMENT OF VOLUNTEERS  
(SALVATIONISTS AND NON-SALVATIONISTS) FOR WORK WITH CHILDREN \*

This statement will be completed by all applicants for volunteer work for any position involving the supervision or custody of children (under 18 years of age) or for any position in which the applicant is in any way involved with children. The completion of the statement will help to assure The Salvation Army that it will provide a safe and secure environment to those children who participate in its programs and who use its facilities.

**\*\*Please complete the lines with an asterisk\*\***

**Personal Information**

\*\*Name \_\_\_\_\_  
Last First Middle

Present Address \_\_\_\_\_  
Number Street City State Zip

Home Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Social Security No. \_\_\_\_\_

Present Church \_\_\_\_\_

Minister of the Church \_\_\_\_\_

Other Churches attended regularly during the past ten years: \_\_\_\_\_

\*\*Education or training for work with children (List formal education courses and on the job training participated in, identifying the institution). \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Personal References (not relatives)

Name \_\_\_\_\_ Name \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_ Telephone# \_\_\_\_\_

\_\_\_\_\_ Telephone# \_\_\_\_\_

\*\*All prior work with children (List the church or other organization conducting the program, the name of the immediate supervisor and, if known, the name, address and telephone number of any individual now involved in the program.

\_\_\_\_\_  
\_\_\_\_\_

\* For purposes of this Statement, the words "child" and "children" mean individuals below the age of 18 years.

**Statement**

As the applicant described above, I do hereby represent to The Salvation Army, with the understanding that The Salvation Army will rely upon the information provided in considering my application for work with children, that the foregoing information and following statements are true:

1. In my prior volunteer work, I have never used a name other than that set forth above.
2. I understand the essential duties of my position in connection with the working with children in the programs of The Salvation Army. I am able to perform those essential job duties with no accommodation except as follows: \_\_\_\_\_
3. I have never been accused of abuse of a child or of actual or attempted sexual molestation of a child, either in a program for children or otherwise.  
If the foregoing statement is not true, please describe the circumstances of the accusation and the outcome:  
\_\_\_\_\_
4. I have never been arrested as a result of a charge of child abuse or of actual or attempted sexual molestation of a child.
5. I have never been convicted of child abuse or a crime involving actual or attempted sexual molestation of a child.
6. I authorize any of the churches or other organizations and their representatives and my personal references listed above to give to The Salvation Army any information they may have regarding my character and fitness for work with children. I release all such organizations and individuals from any liability that may result from their furnishing such information to The Salvation Army. I waive any right that I may have to inspect any records containing such information.
7. I am aware that The Salvation Army is a branch of the Christian Church and I agree that I will conduct myself in my work with children in a way that is consistent with the religious and charitable policies and principles of The Salvation Army.
8. Having provided the foregoing information and having affirmed the foregoing statements are true, recognize that any false information or statements are punishable under the laws relating to perjury.

\_\_\_\_\_  
Applicant  
Date \_\_\_\_\_ 20

\_\_\_\_\_  
Signature of Witness

Name \_\_\_\_\_  
Please Print

Address \_\_\_\_\_

\_\_\_\_\_  
City State Zip

# SAFE FROM HARM

## Guidelines for Working with Children, Youth and Vulnerable Adults

*Abuse of vulnerable persons, including children, frail elders, the physically challenged or the mentally impaired, is a reality in our society. The Salvation Army is committed to addressing this reality by taking steps to protect all categories of vulnerable persons in our care. The Central Territory has implemented a program to safeguard these special individuals while promoting a positive, nurturing environment for ministry to them. The guidelines below are to be followed by anyone working with vulnerable or dependent persons in the Central Territory.*

- **Two Adult Guideline** - Whenever feasible, a vulnerable person will not be in the primary care of only one adult. Teams of adults (preferably male and female) will supervise activities. This guideline has three purposes: it provides for more than one adult to help ensure appropriate levels of supervision. It protects workers and The Salvation Army from unfounded allegations. It lessens the possibility of an adult becoming a “guru” or “confidante” who thrives on the dependency of the vulnerable person, as well as an adult having undue influence over an individual.
- **Guidelines for Touching** - The sense of touch is extremely powerful and can wordlessly convey messages on many levels. Touch is necessary to all human thriving, but when used to manipulate, control or harm another, touch can be deadly. In our role as a “good shepherd,” The Salvation Army must take steps to protect any and all vulnerable populations in our care.

Appropriate physical contact between workers and program participants is important. Hugs and other forms affection, *properly applied*, help children developmentally and communicate warmth to people of all ages. Safe From Harm includes guidelines for touching that will, when carefully adhered to, safeguard those participating in our corps, worship, social service, and/or community service programs.

### **The guidelines below are to be closely followed by anyone working with vulnerable individuals:**

- Touching behavior should not give even the **appearance** of wrongdoing. As Salvation Army representatives, our behavior must foster trust at all times; it should be above reproach.
- Workers are responsible to protect those under their supervision from inappropriate touching by others.
- Workers must promptly discuss inappropriate touching or other questionable behavior by co-workers with their supervisor or commanding officer.

### **Touching Guidelines specific to children/youth workers:**

- Touching should be initiated by the child or youth. It should be a response to the child’s need for comforting, encouragement, or affection. It should not be based upon the adult’s emotional need.
  - Touching and affection should only be given when in the presence of other children’s ministry or youth workers. It is much less likely that touches will be inappropriate or misconstrued as such when two adult workers are present, and the touching is open to observation. This rule is especially important when diapering a baby or helping a young child change clothes or use the restroom.
  - A child’s preference not to be touched should be respected. Do not force affection upon a reluctant child.
- **Individual Counseling** - Team communication is preferable. When not feasible, notify another adult worker of the location and with whom you are meeting. Counseling should be done in a public setting where private conversations are possible and should occur in full view of others. Guard carefully to avoid seclusion. If possible, have female workers meet with females and male workers meet with males. A male/female team is generally appropriate for either gender.

- **Long-Term Counseling** - Workers should not meet with vulnerable individuals more than three times to discuss the same issue. Workers are not prepared or supported for long-term counseling or formal therapy. Adult leaders are encouraged to refer persons who they suspect have a serious need for counseling to professionals in the community. Questions about referral must be discussed promptly with the program leader.

- **Informal Contact (Independent of Salvation Army Activities)** - Informal contact refers to phone calls, cards/letters, electronic messages or face-to-face contact between a worker and a program participant that is not connected to official Salvation Army activities. The Salvation Army recognizes that informal contact between workers and participants does occur. For example, workers may hire teens as baby sitters for their own children, or workers may see program participants during social events with a child's family, in worship services or at corp functions. This interaction is usually legitimate and beneficial.

With respect to children/youth, workers should seek the permission of parents before having informal contact with their child. The worker should clearly let the parent know the nature of the contact, and that it is not part of an official Salvation Army activity. Parents are responsible for monitoring this informal contact.

- **Transportation To and From Meetings** - Transportation to and from meetings is not a normal part of corps/program. In some cases, Salvation Army vehicles and drivers are provided as a component of the activity. The Salvation Army is not responsible for providing or arranging for transportation to activities that do not already include planned transportation by the corps/service/program. Family members or other adults are discouraged from asking workers to transport children or adult program participants informally. *However, if a worker does transport a program participant at the parent's/responsible party's request, this should be recognized as informal contact (not a part of corps activities), and the guidelines for informal contact should be followed (see paragraph above).*

*Note: The practice of workers transporting minors is discouraged. However, if a unit chooses to allow this on a limited basis, ask parents to sign a form acknowledging that these rides are not a part of unit activity, and that the parent is responsible for supervising such activity.*

- **Transportation as a Part of Corps Activities** - Units may provide transportation as an official part of certain corps activities. For example, corps may provide transportation to out-of-town events or field trips. When people are transported as a part of unit activities, all relevant guidelines will apply. Following the "two adult guideline" and having all drivers complete a Driver Application Form are especially important.
- **Confidentiality** - **Workers must report to an appropriate leader if a program participant discusses harming himself or others, committing a crime, or being abused.** There are limits to confidentiality when working with vulnerable persons. Questions about such cases or other issues of confidentiality must be discussed promptly with the supervisor or commanding officer/administrator. Conferring with an officer on sensitive issues is not considered breaking a confidence.
- **Gifts** - Workers are generally discouraged from giving or receiving personal gifts with program participants, including money. When the giving of *personal gifts* is desired, the worker must first notify parents and/or the supervisor. Gifts can be easily misinterpreted. Gifts given to groups of young people are appropriate, such as graduation presents or awards for participation and do not require notification of parents or supervisors. It is inappropriate for workers to accept or solicit gifts of any kind, including planned giving appeals, with vulnerable adult program participants.
- **Corporal Punishment** - Corporal punishment involving painful touch (hitting or spanking) and physical forms of maintaining order are not appropriate in Salvation Army activities. *This rule holds true even if parents have suggested or given permission for corporal punishment.* Workers must consult their supervisors if they need help with unruly program participants or discipline techniques.



- **Open Door Guideline** - All program events should be conducted with an “open door” approach. This means that parents/family members, other program participants and/or corps members have a right to observe any activity. Parents/family members and/or other caregivers should be informed that there are *never* secret activities, treatments or initiations in any Salvation Army programs. An atmosphere of transparency must be maintained at all times.
- **Romantic or Sexual Involvement** - Salvation Army workers are *strictly prohibited* from relationships with program participants that involve, even remotely, dating or sexual involvement. Additionally, adult youth workers may not be romantically or sexually involved with minor coworkers. Any individual with prior incidents of sexual misconduct may not serve in any capacity caring for minors or other vulnerable persons in Salvation Army programs.
- **Supervision and Communication** - Workers must meet on a regular basis with program leaders and program leaders must meet with the officer in charge/administrator periodically to discuss any issues regarding these guidelines. Appropriate topics that must be discussed include problems, accountability, guideline clarification, personal feelings, or other issues that may interfere with ministry efforts.

**Guidelines Specific to Children/Youth Programs:**

**Youth Supervising Youth** - Minors may help adults lead youth activities only under the direct leadership of adults. A minor may not be used to meet the team leadership or team counseling guidelines discussed above.

**High Adventure Activities**- Special precautions must be taken on high adventure activities such as: rock climbing, hiking, overnight camps, raft trips, or the like. Both physical safety and safety from abuse are at risk in high adventure situations. A high ratio of adults to youth is recommended. Guides for high adventure activities should be licensed by the sports governing body or government authorities to guide groups whenever possible. High adventure camping often raises unique circumstances involving individual privacy, sleeping arrangements, bathroom facilities, and so on. Adult leaders must be vigilant to avoid suspicious or misinterpreted behavior in these circumstances.

**Overnight Activities** - At least two adults should supervise overnight activities. If the participants are male and female, then male and female chaperons must be present. If these conditions cannot be met, then the event should be postponed. Males and females attending events must not share the same sleeping quarters and should have separate access to bathroom facilities. Experienced workers should be included with newcomers to any ministry serving children and youth.

***IN CLOSING:***

**Workers must report suspected or observed misconduct** by other workers to the program leader or officer/administrator immediately.

**Workers must avoid even the appearance of misconduct.** This is necessary in order to maintain public confidence and avoid mistaken allegations.

**Workers who disobey these guidelines may be reassigned or relieved** from a program duty at the discretion of corps/program leaders or administrators.

**I have read the guidelines above. I agree to observe them faithfully.**

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_