



**Volunteer Application**  
(DO NOT USE for Christmas Volunteering)

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

**Volunteer Opportunities**

Kitchen  Senior

Youth Programs\*

\*(Working with children requires the completion of the "Statement of Volunteers for Work with Children" Form.)

Soc Food Pantry

Coaching

Adult Programs

**Volunteer Information**

Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_ *City State ZIP Code*

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Date Available: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
**(MUST have FULL SS#)**

Name of Employer: \_\_\_\_\_

Prior Volunteer Experience: \_\_\_\_\_

Transportation: Do you drive: Y/N \_\_\_\_\_ Auto Insurance Y/N \_\_\_\_\_ Valid License: Y/N \_\_\_\_\_

Physical Limitations, if any: \_\_\_\_\_

Have you ever previously volunteered for The Salvation Army? YES NO  
  If yes, when? \_\_\_\_\_

**Emergency**

*In the event of an emergency, please notify:*

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

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

**Reference**

**You may contact the following as a reference:**

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

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_





**For CORPS OFFICERS/VOLUNTEER COORDINATORS only:**

Please check this box IF A BACKGROUND CHECK IS REQUIRED THRU INTELLICORP

**PROSPECTIVE VOLUNTEER: Do not complete the section below unless the above box is checked.**

**Pre-Volunteer Disclosure Authorization & Release**

I certify that my answers are true and complete to the best of my knowledge.

I understand that in connection with my application to volunteer, The Salvation Army and any authorized third parties (collectively, the "Investigators") may be performing, requesting, obtaining or conducting a background check on me. This background check may include an inquiry into my employment history, education, general character or reputation, work experience, and driving, criminal histories, and such other information (collectively, the "Information") as may be required.

I understand that The Salvation Army may rely on any part or all of this Information in determining whether to extend an offer for me to volunteer. I further understand that if any adverse action is taken by The Salvation Army, or if The Salvation Army chooses not to extend an offer for me to volunteer based upon the Information, I will be provided a copy of such Information along with a summary of my rights under the Fair Credit Reporting Act.

I understand that the background check which may be performed by Investigators is being performed as part of the pre-volunteer process to evaluate me and is not conducted for any other purpose other than in connection with my application to volunteer.

I have read this Pre-Volunteer Disclosure Authorization and by signing below, I hereby authorize Investigators to conduct a background check as described herein in conjunction with my application to volunteer. I hereby release Investigators from any and all liability related to the procurement or disclosure of any Information provided by me or obtained about me in connection with my application to volunteer with The Salvation Army. I further direct and authorize Investigators to conduct the background check and further authorize any third parties who may be the custodians of or in possession of the requested Information, to disclose such Information to Investigators in connection with this background check.

Volunteer Applicant  
Signature: \_\_\_\_\_

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

Printed Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Maiden Name (if applicable): \_\_\_\_\_

(full SS# is required)

Current Address:

Street City State Zip

Former Address:

Street City State Zip

**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.

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

**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. List maiden name, if applicable:
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 acknowledge 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, I recognize that any false information or statements are punishable under applicable laws.

\_\_\_\_\_  
Applicant

Date \_\_\_\_\_

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

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

Address \_\_\_\_\_

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