



VOLUNTEER APPLICATION

THE SALVATION ARMY

Eastern Pennsylvania and Delaware Division

Corps/Unit: _____

Volunteers are considered for all work without regard to race, color, sex, national origin, age, marital status, or the presence of a non-job related medical condition or handicap or any other unlawful characteristics.

PLEASE PRINT PLAINLY

Date of Application: _____

Name: _____
(LAST) (FIRST) (MIDDLE)

Address: _____
(STREET) (CITY) (STATE) (ZIP)

Home Telephone: (_____) _____ Cell Telephone: (_____) _____

Email Address: _____

How did you find out about us? _____

Volunteer activities preferred: _____

Location preferred: _____

Are you available to volunteer: _____ Full Time _____ Part Time _____ As Needed

HOURS AVAILABLE TO VOLUNTEER (Please check appropriate boxes)

	MON	TUE	WED	THU	FRI	SAT	SUN
DAY HOURS							
EVENING HOURS							

Are you known by another name? (To former employers, schools or friends) _____ Yes _____ No

If Yes, please provide name: _____

In case of emergency, notify (name & phone number):

Have you been employed by or volunteered at a Salvation Army program or service provider in the past?

_____ No. _____ Yes. If yes, give date(s) and the name of The Salvation Army program/service provider location.

Name (Please print clearly): _____
 (LAST) (FIRST) (MIDDLE)

EDUCATION and TRAINING

	Training	High School	College/University	Graduate/Professional
School Name & Address				
Highest Grade Completed <i>(Please circle)</i>		9 10 11 12	13 14 15 16	1 2 3 4
Diploma/Degree/Course of Study				
Specialized Skills/Training				

EMPLOYMENT EXPERIENCE: _____

REFERENCES

Provide three names, addresses and telephone numbers for personal references who are not related to you and are not current or previous employers.

1. _____
2. _____
3. _____

RESIDENCY:

Under penalty of law, I can and do attest to living within the state boundaries of the Commonwealth of Pennsylvania for the ten (10) years prior to completing this volunteer application form? ____ Yes ____ No (*)

() If selected for volunteer placement, and you have lived outside of the Commonwealth of Pennsylvania within the past ten years, Pennsylvania State Act 153 of 2014 requires you to obtain federal background clearances. And, if selected for volunteer placement, The Salvation Army will provide you additional instructions in this regard. These valuable credentials will be valid for three years.*

APPLICANT STATEMENT AND AUTHORIZATION

I certify that all information I have provided in order to do volunteer work with The Salvation Army is true, complete and correct.

I understand that any information provided by me that are found to be false, incomplete or a misrepresentation in any respect, will be sufficient cause to either cancel further volunteer work, whenever it is discovered.

I expressly authorize, without reservation, The Salvation Army, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I release all parties from liability for any damage that may result from furnishing information, and I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.

Signature: _____ Date: _____