

## THE SALVATION ARMY—SERVING LANCASTER & FAIRFIELD COUNTY VOLUNTEER APPLICATION

lama				
ame				
Current Address		Addres	s 2	
ity	State	Zip Coo	le	Primary Phone
-Mail Address				Secondary Phone
				·
kills/Education Information				
Current Occupation				
Past Occupation(s)				
Previous Volunteer Experienc	:e			
Special Skills				
vailability/Preferences				
Days I Can Volunteer				
Daytime Hours		Evenin	g Hours	
ervice Group/Area of Prefere	<u>1ce</u>			
	☐ Kitchen/Feeding	□ Music	□ Office	□ Disaster Relief
Seasonal   Sr. Citizens	□ Other:			
ote: A background check is i	equired to work with	children, sei	nior citizens, or	persons with disabilitie
_				
ease share two references (N Name	ot Kelatives)		Phone	Number
Name -				
pplicant Signature				
Name			Date	