



# The Salvation Army

## Volunteer Application



Corps Name: \_\_\_\_\_

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

If volunteering as part of a group,  
please enter **Group Name:** \_\_\_\_\_

Check if you are the Group Leader: ☐

### Volunteer Opportunities

Youth Programs

Driver: *MVR Form Required. See Officer.*

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

**KeepSafe Training Required:**

1. Policies - Salvation Army Eastern Territory
2. Salvation Army Social Media
3. Duty to Report: Mandated Reporter

*Additional training may be required  
depending on program or location.  
Please see volunteer coordinator or  
corps officer.*

### Volunteer Information

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

*Last, First MI*

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

**\*\*Parent/Guardian consent  
required, if a minor (under 18)**

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

*Street Address, Apartment/Unit #, City, ST Zip*

SS#: \_\_\_\_\_

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

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

### Availability / Experience

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

Days/Time Available: Mon Tue Wed Thr Fri Sat

Mornings

Afternoons

Evenings

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

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

Have you ever previously volunteered  
for The Salvation Army? ☐ YES!! ☐ NO

If yes, when? \_\_\_\_\_

### Emergency Contact Information

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

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

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

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

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

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

### Reference

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

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

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

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

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

### Consent

**Adults Only:** Signing here authorizes The Salvation Army to recognize  
YOU on its website(s) and/or various social media outlets:

=====

**\*\*Parent or Legal Guardian** (If volunteer is a minor, under 18):

Signing here gives your consent to your minor child **volunteering:**

Signing here grants The Salvation Army the absolute, unrestricted  
and unlimited license, right, permission and consent to use,  
disseminate, print and publish minor's name and picture on its  
website(s) and/or various social media outlets:

Parent/Legal Guardian Signature

Parent/Legal Guardian Signature

## THIS SECTION MUST BE COMPLETED

### 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:

DOB:

Maiden Name (if applicable):

Gender:

Current Address:

**Street, City ST ZIP**

Former Address:

**Street, City ST ZIP**

**Social Security #:**

(SS# is required. We will NOT share your personal, sensitive information and it will only be used to process your background check.)

Email:

(This Email address will be given in background check process and is to be YOUR email address)



DOING THE MOST GOOD

The Salvation Army – USA Eastern Territory

## **KeepSAfe: Policies for Child & Vulnerable Adult Protection**

### **KeepSAfe Principles**

#### **1:1 Policy Statement**

The Salvation Army is committed to protecting minors and vulnerable adults in its care, in all of its many programs. Salvation Army personnel are required to take all reasonable steps to avoid the abuse of minors and vulnerable adults and to institute reasonable preventative measures to protect the vulnerable populations in their care.

Ministry to vulnerable populations is a sacred responsibility and all Salvation Army personnel share in the responsibility to safeguard people, programs and the mission in a manner that is reasonable under the circumstances that services are being delivered.

This policy is intended to be consistent with and supplement all applicable National Salvation Army policies, including The Salvation Army National Policy Statement on Child Abuse, The Salvation Army National Policy Statement on Non-Discrimination in Programs and Delivery of Services and The Salvation Army Social Services Code of Ethics.

#### **1:2 KeepSAfe Code of Conduct**

All Salvation Army officers, employees and volunteers are expected to adhere to the following KeepSAfe guidelines with regard to child & vulnerable adult protection:

- Salvation Army personnel will diligently work to prevent abuse and neglect among children or vulnerable adults.
- Salvation Army personnel will not physically, verbally, sexually, or emotionally abuse or neglect children or vulnerable adults.
- Salvation Army personnel will immediately report concerns about inappropriate behaviors or policy violations to their supervisor.
- Salvation Army personnel will comply with Mandated Reporter laws and report any suspected abuse or neglect of a child or vulnerable adult to the appropriate government authorities.
- Salvation Army personnel will comply with all KeepSAfe policies and training requirements concerning child and vulnerable adult protection.
- Salvation Army personnel, as reasonably possible, will avoid one-on-one interactions with minors and vulnerable adults in Salvation Army programs where they cannot be seen and/or heard by others.
- Salvation Army personnel will conduct all electronic and other communications with minors and vulnerable adults in an open manner that maximizes their accountability.
- Salvation Army personnel will not retaliate against others who, in good faith, share concerns or policy violations; report observed or disclosed abuse or suspicion of abuse.

#### General Definitions:

**Salvation Army Personnel:** Salvation Army workers, including officers, employees and volunteers (including lay leaders/local officers and soldiers where applicable); cadets in The Salvation Army College for Officer Training.

**Minor:** Youth under the age of 18.

**Vulnerable Adult:** Any person 18 years of age or older who cannot completely care for themselves or are vulnerable to exploitation due to: A physical or mental condition, advanced ages, drug or substance abuse, homelessness or economic challenge, sexual exploitation or other social challenges, any other reason.

**Mandated Reporter:** Anyone with knowledge or a reasonable suspicion of abuse who must report under applicable law. In addition to compliance with applicable mandated reporting laws, internal reports are required. Salvation Army Officers, program directors, licensed professionals and supervisors are generally Mandated Reporters with respect to abuse that occurs in Salvation Army programs.

Sign below if you have read and agree to The Salvation Army  
KeepSAfe Principles and will take the required KeepSAfe Training.

Date

#### KeepSAfe Training Required:

1. Policies - Salvation Army Eastern Territory
2. Salvation Army Social Media
3. Duty to Report: Mandated Reporter

*Additional training may be required depending on program or location.*

# The Salvation Army - Northeast Ohio Safety Protocols and Volunteer Worker's Agreement

The following agreement between \_\_\_\_\_ and The Salvation Army of \_\_\_\_\_  
(volunteer Last Name, First Name MI)  
will be in place while volunteering at The Salvation Army.  
(corps name)

Its purpose is to identify the purpose and mandated requirements to meet all safety precautions while volunteering at a Salvation Army facility location.

By signing this agreement, I agree to follow the mandated requirements including, but not limited to, the following:

**Mask** – If a mask mandate is in effect, I will wear a face mask while volunteering. This includes:

- Being transported in a designated Salvation Army vehicle.
- Volunteering at a Salvation Army facility.
- Wearing a mask that The Salvation Army approves, if not provided.

**Hand Sanitizers** – I will use hand sanitizers while I am volunteering for or at a Salvation Army facility.

**Health** – I will not volunteer if ill and will contact The Salvation Army. I understand that if I volunteer when ill, or show signs of illness, I will not be allowed to volunteer for that day. I agree to have my temperature checked and recorded before beginning a volunteer shift, and, at any time during a shift.

**Additional Policies** – I will abide by any additional safety policies explained to me throughout the dates and terms of service as a volunteer.

**Termination** – I understand that termination may take place if I fail to adhere to these safety protocols. By not signing this agreement, I am not eligible to volunteer.

- I will volunteer as outlined without compensation. I acknowledge that I am not an employee of The Salvation Army.
- I understand The Salvation Army is a religious and charitable organization that requires the assistance of volunteers in the conduct of its various spiritual and social service programs.
- I agree to give The Salvation Army at least 24-hours notice or as much lead time as possible if I will not be able to perform my volunteer assignment.
- I will give 2 weeks notice whenever possible for vacation absence, or if my volunteer work will be interrupted for an extended period of time.
- I will facilitate record keeping by signing in and out and wearing appropriate identification when volunteering.
- I will attend any orientation sessions, on-the-job training and continuing education programs as necessary and in the required time-frame.
- I will protect confidential information, including the names and circumstances of all clients served, and exercise good judgment and respect when working with clients and on The Salvation Army's behalf.
- I will not bring any form of weapon or explosives, firearms or any illegal knives.
- I will not bring or consume drugs or alcohol during the time I am on the premises and I will not arrive intoxicated or under the influence of any illegal substance or if impaired by prescribed drugs.

**By signing below, I acknowledge that I have read and agree to  
The Salvation Army - Northeast Ohio  
Safety Protocols and Volunteer Worker's Agreement.**

Volunteer

Date

**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.

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. I understand the essential duties of my position in connection with the working with children in the programs of The Salvation Army. I have reported to my supervisor any accommodation I need to perform these essential job duties.
2. I have never been accused of abuse or neglect of any child or of actual or attempted sexual molestation, solicitation, or trafficking of any child.

If the foregoing statement is not true, please describe the circumstances of the accusation and the outcome:

- 
3. I have never been arrested as a result of a charge of child abuse or neglect, or of actual or attempted sexual molestation, solicitation, or trafficking of any child.
  4. I have never been convicted of child abuse, neglect or a crime involving actual or attempted sexual molestation, solicitation, or trafficking of any child.
  5. I have provided The Salvation Army with a full list of the organizations for which I have worked (in a paid or voluntary capacity) in positions involving children. I authorize such organizations to provide to The Salvation Army any information they may have regarding my character and fitness for work with children. I release all organizations and individuals from any liability that may result from their furnishing such information to The Salvation Army.
  6. 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.
  7. 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 Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Name - PLEASE PRINT

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

\_\_\_\_\_  
Witness Name - PLEASE PRINT

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

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

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**(The remaining sections are to be completed by a designated member of the Divisional/Command Human Resources or Volunteer Coordination Departments)**

1. All references identified above have been contacted and

- ☐ There were no reports of misconduct involving children; or
- ☐ Misconduct involving children was reported – individual is not approved for work with children and name has been reported to headquarters for inclusion in the Territorial Registry

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

\_\_\_\_\_  
Title

2. Applicant's name has been checked in the Territorial Registry and

- ☐ The individual's name did not appear in the Territorial Registry; or
- ☐ The individual's name appeared in the Territorial Registry – applicant is not approved for work with children.

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

\_\_\_\_\_  
Title

3. Applicant's name has been checked in available State databases and

- ☐ There were no reports of misconduct involving children; or
- ☐ Misconduct involving children was reported – applicant is not approved for work with children and name has been reported to the Secretary for Personnel for inclusion in the Territorial Registry.

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

\_\_\_\_\_  
Title

4. \* Prior accusations of abuse have been investigated and

- ☐ There was no reasonable suspicion of abuse; or
- ☐ There was reasonable suspicion of abuse – individual is not approved for work with children and name has been reported to headquarters for inclusion in the Territorial Registry.

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

\_\_\_\_\_  
Title

\* To be completed only if applicant reports an accusation in response to item # 3 of Statement.

*Revised October 2022 CC pp. 489-490, 498-499*

## Volunteer Approvals

Volunteer Name:

Local Unit Corps Officer / Supervising Officer Approval:

**OFFICER PLEASE NOTE:** The required KeepSAfe Training MUST be completed within 30 days of their signing.

This Applicant will be volunteering from through

Divisional Volunteer Coordinator/HR Director:

Background Check:

Territorial Registry:

National Sex Offender Public Website: