

# The Salvation Army of Greater Charlotte Volunteer Application Packet

To be completed by volunteers 18 years of age+.



Date of Application: \_\_\_\_\_

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

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

Group/ Organization: \_\_\_\_\_

## Volunteer Opportunities Available:

Center of Hope Meal Service- Lunch & Dinner Service  
Red Shield Youth Center - Monday- Friday 3-6 p.m.  
Ministry Opportunities  
Emergency Disaster

## Desired Volunteer Location:

- |  |  |
|--|--|
| <input type="checkbox"/> Belmont Avenue Red Shield Youth Center    | <input type="checkbox"/> Emergency Disaster Services                 |
| <input type="checkbox"/> Sedgefield Red Shield Youth Center        | <input type="checkbox"/> Salvation Army Temple Corps Worship Center  |
| <input type="checkbox"/> Center of Hope Women & Children's Shelter | <input type="checkbox"/> Salvation Army Belmont Corps Worship Center |

Have you spoken to the Program Director of the desired location yet? ☐YES ☐NO

## IMPORTANT: PLEASE COMPLETE ALL PAGES.

*Children and vulnerable adults are present in Salvation Army facilities. Even if you do not plan to interact with children during your time in our facilities all pages must be completed.*

*Please print legibly in black or blue pen. All application information will be kept confidential. Social Security numbers are required for background checks.*

Please mail or email documents to:  
The Salvation Army of Greater Charlotte  
4015 Stuart Andrew Blvd, Charlotte, NC 28217  
Sarah Gamble  
Director of Community Engagement / Volunteer Services  
Sarah.Gamble@uss.salvationarmy.org  
(704) 714-4736 • www.salvationarmycharlotte.org

Office use only:  
BG: ☐ CERVIS: ☐ SFH: ☐

# Volunteer Interest Form

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

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

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

## 1. How frequently would you be interested in volunteering?

☐ Multiple times a week

☐ Once a week

☐ Once a month

☐ I have required hours for school and I am looking to volunteer to meet a requirement.

If you answered D, please list how many hours you need to meet your requirement: \_\_\_\_\_

## 2. What would your availability be to volunteer?

☐ Monday- Friday during the day

☐ Monday- Friday during the evenings

☐ Weekends only

☐ Other- Please specify: \_\_\_\_\_

## 3. Please check all the below statements that resonate with your goals of volunteering with us.

\_\_\_\_\_ I enjoy helping children and youth with homework and after school activities.

\_\_\_\_\_ I enjoy engaging single mothers and families by serving meals.

\_\_\_\_\_ I would be interested in helping serve food to families in need during an emergency disaster.

\_\_\_\_\_ I enjoy helping in an office environment with administrative tasks.

\_\_\_\_\_ I enjoy helping with special events.

\_\_\_\_\_ I enjoy giving back to my community during the Christmas season.

\_\_\_\_\_ I enjoy sharing God's word and ministering to women and children experiencing homelessness.

**Please provide a short description on why you are passionate about volunteering:**

***NOTICE: The Salvation Army has the right to deny a volunteer request if we believe there is a conflict of interest, failed background check, or for any other reason that is not listed.***



# Volunteer Application – Children and Youth Worker

Date:  /  /

Note: This form is to be completed by all applicants for any volunteer position involving supervision or custody of minors. This application is used by The Salvation Army of Greater Charlotte to help promote a safe environment for the children and youth who participate in our programs or use our facilities.

Any applicant who has ever been convicted of child sexual abuse, physical abuse, or domestic violence should not volunteer service in any activity or program for children or youth. Applicants with criminal records of other types will be evaluated at the discretion of the officer/administrator in charge.

Any applicant who is a survivor of childhood sexual or physical abuse needs the love and acceptance of The Salvation Army of Greater Charlotte family. Applicants who have such a history should discuss their desire to work with minors with the Volunteer Coordinator or appropriate officer/administrator prior to any participation in a program serving minors.

All applicants for positions involving services to minors must study and agree to obey the guidelines that are provided for their program and position within the unit.

*Please answer each question.*

Consistent with relevant law, the information on this application will not be disclosed to unauthorized persons.

Date:

Territorial Registry  
Approval Number   
(For office use only)

## *Applicant Identification*

Name

Last	First	Middle
<input type="text"/>	<input type="text"/>	<input type="text"/>

Have you used any other names? ☐ Yes ☐ No. If yes, please list complete name and dates of use on the reverse side of this application.

Present Address

Street	City	State	Zip
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Home Phone (  )

Work Phone (  )

Social Security #

Driver's License

Appl. Initials



What age of children/youth work do you prefer?

Please answer each question. You may use the back of this paper for explanations or you may attach extra pages. The information on this application will not be disclosed to unauthorized persons.

Yes No

- Y ☐ N ☐ 1. As a Salvation Army worker (employee or volunteer), do you agree to observe all guidelines and policies regarding working with youth or children?
- Y ☐ N ☐ 2. Have you ever been convicted of a felony?
- Y ☐ N ☐ 3. Within the last two years, have you been convicted of a misdemeanor which resulted in Imprisonment/jail?

Note: A conviction will not necessarily disqualify you from employment. The applicant should not disclose any information regarding criminal arrest or conviction records that have been expunged or sealed.

- Y ☐ N ☐ 4. Have you ever been subjected to expulsion, reprimand, or other discipline by a corps, church, denomination, or other religious organization for abuse or misconduct involving children?
- If yes, please describe the circumstances and provide the name and address of the corps, church, denomination, or religious organization with which you were associated at the time of the incident.
- Y ☐ N ☐ 5. Have you ever been disciplined or dismissed from employment or a volunteer position by any employer, including charitable and religious organizations, following an allegation of sexual misconduct, sexual harassment, or other immoral or inappropriate behavior or conduct?
- If yes, please describe the circumstances and provide the name and address of the employer.
- Y ☐ N ☐ 6. Have you ever been the subject of a complaint or disciplinary proceeding against a professional license or other license held by you including, but not limited to, a license to provide child care or similar services?

Name of unit of which you are (check one below):

☐ a member currently ☐ most recently ☐ I have never been a member of The Salvation Army.

If a member of The Salvation Army, how long have you been attending?

Appl. Initials

List other corps or churches you have attended over the last five years:

Church Name	Area Code and Phone Number	Contact Person	Approx. Years Attended
			_____ to _____
			_____ to _____
			_____ to _____

List previous work (corps/church and non-church) involving children or youth. Use a separate sheet of paper if necessary.

Organization	Type of Work	Contact Person/ Supervisor	Area Code and Phone Number

List gifts, callings, training, education, or other factors that may have prepared you for work with children and youth. Use a separate sheet of paper if necessary.


### Employment History

Begin with most recent employer. Attach additional sheet if needed.

Employer Name	Supervisor's Name And Phone Number	Dates of Employment	Title & Duties	Reasons for Leaving

Appl. Initials \_\_\_\_\_



Please describe your activities during any gaps in employment in excess of three months. Do not include leave time or time off due to illness or medical treatment.

## Applicant's Statement

I hereby authorize all employers, organizations, churches, and other entities and persons identified in this form to release any information contained in their files or records concerning me.

In consideration of the receipt and evaluation of this application by The Salvation Army, I hereby release The Salvation Army and any individual, church, youth organization, charity, employer, reference, or any other person or organization, including record custodians, both collectively and individually, from any and all liability for damages of whatever kind or nature which may at any time result to me, my heirs, or family, on account of compliance or any attempts to comply, with this authorization. I waive any right that I may have to inspect any information provided about me by any person or organization identified by me in this application. I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENTS THEREOF, AND I SIGN THIS RELEASE AS MY OWN FREE ACT.

I understand and agree that it is critical to the mission and ministry of The Salvation Army that all employees and volunteers conform to the highest standards of safety, interpersonal conduct, and sexual morality. I affirm that I will strictly comply with The Salvation Army of Greater Charlotte's youth ministry policies and procedures, including those concerning child safety and protection, sexual abuse and misconduct, and interpersonal relationships. I understand and agree that failure by me to abide by such policies and procedures may result in my immediate dismissal, or disciplinary action, all in the discretion of The Salvation Army.

My responses above are truthful and accurate. I understand and agree that if they are not truthful and accurate, The Salvation Army of Charlotte may determine that I am no longer qualified to be associated with its programs as an employee, volunteer, or in any other capacity.

Applicant's Signature \_\_\_\_\_  
Date \_\_\_\_\_

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

Witness \_\_\_\_\_  
Date \_\_\_\_\_

*To be witnessed by a staff member*

Appl. Initials \_\_\_\_\_



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

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**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, I recognize that any false information or statements are punishable under the laws relating to perjury.

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

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

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

Address \_\_\_\_\_

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