

Volunteer Application

CONTACT INFORMATION

NAME (FIRST, MIDDLE, LAST)

HOME ADDRESS

CITY

STATE

ZIP

PRIMARY PHONE

SECONDARY PHONE

EMAIL

DATE OF BIRTH (MM/DD/YY)

AREAS OF INTEREST/SKILLS Please circle all that apply.

GUEST SERVICES

WELCOMING

TOURS

CLERICAL

FILING

DATA ENTRY

GENERAL POSITIONS

AQUATICS

FITNESS

AV TECH

YOUTH

PLAY CARE

THE ZONE

REC SPORTS

AFTER SCHOOL PROGRAM

ART/DRAMA CLASSES

MINISTRIES

CHURCH

SUNDAY SCHOOL

SPECIAL EVENTS

CLOTHE-A-CHILD

BELL RINGING

DRIVE FOR HOPE

TOOLS 2 SCHOOLS

FOOD DRIVE

FAMILIES FEEDING

FAMILIES

EVENT PLANNING

OTHER AREAS OF INTEREST

WHY DO YOU WANT TO VOLUNTEER FOR THE SALVATION ARMY KROC CENTER?

WHAT SKILLS DO YOU HAVE THAT YOU WANT TO SHARE WITH US?

AVAILABILITY

HOW OFTEN DO YOU WANT TO VOLUNTEER? ONE TIME EVENT OCCASIONALLY (ONCE EVERY FEW MONTHS) REGULAR (AT LEAST ONCE A MONTH)

APPROXIMATE NUMBER OF HOURS AVAILABLE PER WEEK:

OR, APPROXIMATE NUMBER OF DAYS PER MONTH:

CHECK ALL THAT APPLY. I AM AVAILABLE MORNINGS AFTERNOON EVENINGS

CHECK ALL THAT APPLY. I AM AVAILABLE MON TUES WED THURS FRI SAT SUN

COMMENTS ABOUT AVAILABILITY:

REFERENCES Please list one professional and two personal references.

NAME RELATIONSHIP PHONE NUMBER

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AUTHORIZATION FOR BACKGROUND CHECK

I certify that the answers given here are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application (including State Patrol criminal background check & reference checks for volunteer service as may be necessary to protect the clients of The Salvation Army).

VOLUNTEER APPLICANT SIGNATURE

DATE

TO BE COMPLETED IN PRESENCE OF THE SALVATION ARMY KROC CENTER STAFF

VOLUNTEER STATEMENT

I understand that The Salvation Army, a religious and charitable organization, requires the assistance of volunteers in the conduct of its various spiritual and social programs. It is my desire to further the work of The Salvation Army by performing services as a volunteer as assigned. I undertake to perform such services as a volunteer without compensation, and in performing such services, I acknowledge that I am NOT acting as an employee of The Salvation Army.

VOLUNTEER APPLICANT SIGNATURE

DATE

WITNESS SIGNATURE

DATE

VOLUNTEER AGREEMENT

The Salvation Army's first obligation is our clients' safety. Your volunteer work may involve work with minors or vulnerable adults, please read the following statement and sign off on this statement to signify an affirmative response to this statement and these five questions.

As 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 and other vulnerable populations, that the foregoing information and the following statements are true:

1. In my prior volunteer work, I have never used a name other than that set forth above.
2. I have never been arrested as a result of a charge of child or adult abuse or of actual or attempted molestation of a minor.
3. I have never been convicted of child abuse or of a crime involving actual or attempted sexual molestation of a minor.
4. I authorize any of the organizations and their representatives and my personal references listed here to give to The Salvation Army any information they may have regarding my character and fitness for work with minors or vulnerable adult populations. 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.
5. Having the foregoing information and having affirmed the foregoing statements are true, I recognize that any false information and statements are punishable under the laws relating to perjury.
6. I grant permission for The Salvation Army Kroc Center to make visual recordings of all individuals listed on this form for its responsible use.

VOLUNTEER APPLICANT SIGNATURE

DATE

WITNESS SIGNATURE

DATE

IF UNDER THE AGE OF 16, PARENT/GUARDIAN SIGNATURE REQUIRED

PARENT/GUARDIAN SIGNATURE

DATE

PARENT/GUARDIAN PRINTED NAME

PHONE NUMBER

FOR OFFICE USE ONLY:

ENTERED BY

DATE

REV 9/13/11

