

# Volunteer Application

## CONTACT INFORMATION

NAME (FIRST, MIDDLE, LAST)

HOME ADDRESS

CITY

STATE

ZIP

PRIMARY PHONE

SECONDARY PHONE

EMAIL

SSN#

DATE OF BIRTH (MM/DD/YY)

## EMPLOYMENT HISTORY Please begin with current/most recent employer.

### EMPLOYER NAME #1

SUPERVISOR NAME

ADDRESS

CITY

STATE

ZIP

PHONE

DATES-FROM

TO

JOB TITLE

IS IT OK TO CONTACT THIS EMPLOYER?

YES

NO

### EMPLOYER NAME #2

SUPERVISOR NAME

ADDRESS

CITY

STATE

ZIP

PHONE

DATES-FROM

TO

JOB TITLE

IS IT OK TO CONTACT THIS EMPLOYER?

YES

NO

### EMPLOYER NAME #3

SUPERVISOR NAME

ADDRESS

CITY

STATE

ZIP

PHONE

DATES-FROM

TO

JOB TITLE

IS IT OK TO CONTACT THIS EMPLOYER?

YES

NO

## AREAS OF INTEREST/SKILLS Please circle all that apply.

YOUTH

THEATER

TECHNOLOGY

FOOD SERVICE

EVENT SET-UP/TAKE-DOWN

OTHER SKILLS

TEENS

MUSIC

FITNESS

CHILD CARE

RED KETTLE BELL RINGING

YOUNG ADULTS

VIDEO

AQUATICS

MAINTENANCE

FUNDRAISING

SENIOR CITIZENS

EDUCATION

DANCE

LANDSCAPING

TREE OF SHARING

ARTS

TUTORING

CLIMBING

PARKING ATTENDANT

FOOD DRIVE

CRAFTS

LIFE SKILLS

SPORTS

CLERICAL/ADMINISTRATIVE

## AVAILABILITY

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 three personal references.

NAME

RELATIONSHIP

PHONE NUMBER

NAME

RELATIONSHIP

PHONE NUMBER

NAME

RELATIONSHIP

PHONE NUMBER

## VOLUNTEER EXPERIENCE

<b>ORGANIZATION NAME #1</b>		SUPERVISOR NAME	
ADDRESS	CITY	STATE	ZIP
PHONE	DATES-TO	FROM	

JOB TITLE AND/OR WORK PERFORMED

<b>ORGANIZATION NAME #2</b>		SUPERVISOR NAME	
ADDRESS	CITY	STATE	ZIP
PHONE	DATES-TO	FROM	

JOB TITLE AND/OR WORK PERFORMED

## EDUCATION

<b>SCHOOL NAME #1</b>		DATES-FROM	TO
ADDRESS	CITY	STATE	ZIP

<b>SCHOOL NAME #2</b>		DATES-FROM	TO
ADDRESS	CITY	STATE	ZIP

## 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.

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 \_\_\_\_\_

