

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?	<input type="radio"/> YES	<input type="radio"/> 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

STATEMENT OF INTEREST

WHY ARE YOU INTERESTED IN VOLUNTEERING FOR THE SALVATION ARMY RAY & JOAN KROC CORPS COMMUNITY CENTER?

AREAS OF INTEREST/SKILLS Please circle all that apply.

YOUTH	THEATER	TECHNOLOGY	MAINTENANCE	FUNDRAISING	OTHER SKILLS _____
TEENS	MUSIC	FITNESS	LANDSCAPING	ANGEL TREE	_____
YOUNG ADULTS	VIDEO	DANCE	PARKING ATTENDANT	FOOD DRIVE	_____
SENIOR CITIZENS	EDUCATION	SPORTS	CLERICAL/ADMINISTRATIVE		_____
ARTS	TUTORING	FOOD SERVICE	EVENT SET-UP/TAKE-DOWN		_____
CRAFTS	LIFE SKILLS	CHILD CARE	RED KETTLE BELL RINGING		_____

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

ORGANIZATION NAME #1		SUPERVISOR NAME	
ADDRESS	CITY	STATE	ZIP
PHONE	DATES-TO	FROM	

JOB TITLE AND/OR WORK PERFORMED

ORGANIZATION NAME #2		SUPERVISOR NAME	
ADDRESS	CITY	STATE	ZIP
PHONE	DATES-TO	FROM	

JOB TITLE AND/OR WORK PERFORMED

EDUCATION

SCHOOL NAME #1		DATES-FROM	TO
ADDRESS	CITY	STATE	ZIP
SCHOOL NAME #2		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

REV 03/19/10