



Volunteer Registration

Application DATE: _____

NAME: _____

ADDRESS: _____

PHONE # _____

PREVIOUS VOLUNTEER EXPERIENCE:

AVAILABILITY

| | MON | TUE | WED | THUR | FRI |
|-----------|-----|-----|-----|------|-----|
| MORNING | | | | | |
| AFTERNOON | | | | | |

LENGTH OF COMMITMENT:

special event less than six months more than 6 months

In case of an emergency CONTACT:

Name: _____ Phone # _____

Please read and sign
Volunteer Agreement on back:



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REFERENCES:

Please supply two references
(employee, friend, minister, etc.)

NAME: _____
PHONE #: _____
RELATIONSHIP: _____

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RELATIONSHIP: _____

AGREEMENT:

If accepted as a Salvation Army volunteer, I
agree to the following:

1. To participate in designated training designed to help my volunteer assignment.
2. To fulfill the volunteer hours agreed upon.
3. To maintain strict confidentiality.
4. To provide my time and service without remuneration.
5. To adhere to the smoke free environment.
6. To support the principles of The Salvation Army and implementation of the mission of the Salvation Army while on duty as a volunteer.
7. To give The Salvation Army permission to contact the above named references.
8. To agree to police check if necessary.
9. To show a driver's abstract if necessary.

Signature

Date

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