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| **VOLUNTEER APPLICATION FORM – The Salvation Army in Abbotsford** |
| **The Salvation Army exists to share the love of Jesus Christ, meet human needs and be a transforming influence in the communities of our world.** |
| Name: | Date of Application: |
| Address (including the Postal Code): |
| Birth Date (month and date only): Month DateAre you 16 years old or older? Yes\_\_\_\_ No \_\_\_\_ (Minimum age to volunteer is 16 years old) |
| Email address:Telephone Number: |
| Emergency Contact Person:Name: Relationship: Tel: |
| What do you know about The Salvation Army?  |
| Why do you want to volunteer at The Salvation Army? (e.g. to learn new skills, meet new people, help those in need, community service hours, school volunteer hours, etc.) |
| How did you hear about the volunteer opportunity at The Salvation Army? |
| Previous volunteer experience (where, when, what kind of volunteer work you did): |
| What was your most recent work experience? |
| Where would you like to volunteer? (Indicate your preference, if any: Thrift Store, Meal Centre, Drop-in Café, Shelter, Office Administration, Senior’s Program, Emergency Response Team, Church)  |
| What kind of skills/experiences/abilities can you offer as a volunteer? |
| Do you have any disabilities that we should be aware of so that we could accommodate you accordingly? |
| Are you or have you used The Salvation Army services as a client (Meal Centre, Café, Outreach, Shelter) during the recent 6 months? Yes \_\_\_\_\_ No \_\_\_\_\_\_ |
| **Please note that we require a criminal record check for volunteer assignments where you will be working with clients (Meal Centre, Café, Shelter).** |



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| AVAILABILITY- please check (√ ) when you are available: **Any day** **(7 days/week)\_\_\_\_\_****8 a.m. to noon**: Mon. \_\_\_\_\_Tues \_\_\_\_ Wed \_\_\_\_ Thurs \_\_\_\_ Fri \_\_\_\_ Sat \_\_\_\_ Sun \_\_\_\_**Noon to 4 p.m**.: Mon. \_\_\_\_\_Tues \_\_\_\_ Wed \_\_\_\_ Thurs \_\_\_\_ Fri \_\_\_\_ Sat \_\_\_\_ Sun \_\_\_\_**5 p.m. to 8 p.m.:** Mon. \_\_\_\_\_Tues \_\_\_\_ Wed \_\_\_\_ Thurs \_\_\_\_ Fri \_\_\_\_ Sat \_\_\_\_ Sun \_\_\_\_ |
| Are you working now? Yes \_\_\_\_\_ No \_\_\_\_\_ |
| Are you looking for a practicum hours? Yes \_\_\_\_\_ No \_\_\_\_\_Is this a school requirement? Yes \_\_\_\_\_ No \_\_\_\_\_\_ |
| Do you need to volunteer in order to complete Community Service hours? Yes \_\_\_\_\_ No \_\_\_\_\_ |
| **References: Please provide two references other than family members** **(friend, co-worker, minister, etc.)** |
| Name:Email Address: Tel #:Relationship: |
| Name:Email Address: Tel #:Relationship: |
| **AGREEMENT****If accepted as a Salvation Army volunteer, I agree to the following:**To fulfill the volunteer hours agreed upon.To maintain strict confidentiality.To wear required identification when on duty as required.To provide my time and service without remuneration.To abide by the Volunteer Code of Conduct.To adhere to the smoke free environment.To support the principles of The Salvation Army and the implementation of the mission of The Salvation Army while on duty as a volunteer.To give The Salvation Army permission to contact the above named references.To agree to a criminal record check, if applicable.To show a driver’s abstract if necessary.To participate in training sessions when provided to help in my volunteer assignment.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature DateCompleted application form can be sent by FAX to: (604) 852-8029, dropped off at the Centre of Hope, 34081 Gladys Avenue, Abbotsford, BC or email to santonescu@sacascade.ca |

Volunteer Application Form Page 2 Name: