



**THE SALVATION ARMY
FLORIDA DIVISION – SARASOTA
AREA COMMAND & CORPS
VOLUNTEER APPLICATION**

Doing The Most Good

The Salvation Army P.O. Box 2792 Sarasota, FL 34230 (941) 364-8845

Last Name: _____ First Name: _____ Date: _____

Home Address: _____

Phone: _____ Home _____ Cell _____

Email: _____

Are you below the age of 18? _____ Yes _____ No

Driver's License Number and State of Issue _____

Company or Volunteer Group Name: _____

Emergency

Contact: _____
(Name) (Tele.No.; Indicate Home, Work or Cell) (Relationship)

What days/hours are you available to volunteer?

Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____

Saturday _____ Sunday _____ Holidays only _____ AM Hours _____ PM Hours _____

Indicate the position in which you are applying for or interested in: _____

Summarize any special training, skills, licenses, and/or characteristics of yourself that might qualify you as being able to perform job-related functions for the volunteer position for which you are applying or you believe would be helpful for us to know:

List your past volunteer and/or work experiences:

Organization: _____

Duties: _____

Organization: _____

Duties: _____

Do you have any friends/family members who are employed or volunteer here? _____ Yes _____ No

Have you previously applied for employment or been employed with The Salvation Army? _____ Yes _____ No

Have you ever been convicted of a felony? Yes _____ No _____

Within the last two years, have you been convicted of a misdemeanor that resulted in imprisonment? Yes _____ No _____

If yes to either, please explain (Note: A conviction will not necessarily disqualify you from volunteering)

BACKGROUND CHECK /REPORTS/TRAINING REQUIRED: Depending on the nature of the position, The Salvation Army requires volunteers to submit to a background check. A credit check, motor vehicle report, work with minors form and Safe from Harm training may also be required. There is no fee on the part of the volunteer for the background check. Screening must be completed before volunteers begin volunteering.

Would you be willing to authorize this? Yes _____ No _____

REFERENCES: List two people, not related to you, who have knowledge of your qualifications.

Name _____	Mailing Address _____
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Tele. No _____	_____
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Name _____	Mailing Address _____
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Tele. No _____	_____
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As a volunteer for The Salvation Army, I agree to perform all assignments with the highest level of professional and ethical conduct and confidentiality. I understand that I will not be compensated for services performed as a volunteer.

I certify that the information contained in this application is true and complete to the best of my knowledge. I authorize investigation of all statements contained in the application and understand that any false or misleading statements or material omissions are cause for my inability to volunteer on behalf of The Salvation Army.

I further certify that I recognize that The Salvation Army is a church and agree that I will do nothing to undermine its religious mission.

Volunteer Signature _____ **Date** _____

Volunteer Coordinator Signature _____ **Date** _____

Department Head Signature _____ **Date** _____