



**THE SALVATION ARMY WOMEN'S AUXILIARY
OF MARTIN, ST LUCIE & OKEECHOBEE COUNTIES
MEMBERSHIP APPLICATION**

Name _____ Spouse _____

Address _____

Telephone: Home _____ Cell _____

Email _____ Birthdate: _____

Summer Address: _____ Telephone _____

Emergency Contact: _____
Name Relationship Telephone

Please share any particular skills you may have

Computer Management/Organizational
 Fund Raising Public Speaking
 Financial/Accounting
 Foreign language (specify) _____
 Musical instrument (specify) _____
 Other (specify) _____

Which Volunteer Opportunities are you interested in?
(Please see attached sheet for specific information)

Family Store Meal Programs/Pantry
 Administrative Office Summer Projects
 Annual Luncheon Holiday Projects
 Nursing Homes Bell Ringing
 Compassion House _____

Dues are \$50 General Membership and \$100 Supporting Membership.

Please make your check payable to THE SALVATION ARMY WOMEN'S AUXILIARY and mail with this form to:

**The Salvation Army Women's Auxiliary
821 SE Martin Luther King Jr. Blvd.
Stuart, FL 34994**

If you are a new member, please print your name as you would like it to appear on your magnetic name badge:

PLEASE REVIEW AND SIGN THE FORM ON THE BACK OF THIS PAGE

Volunteer Certification & Release of Liability Statement

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 termination of my position. My position as a volunteer is granted to me by The Salvation Army and may require background checks where appropriate. My position as a volunteer is a privilege, not a right, and may be revoked as deemed necessary by appropriate personnel. I recognize that The Salvation Army is a church and agree that I will do nothing to undermine its religious mission.

This Release is made between The Salvation Army and the below named applicant. The applicant does hereby forever indemnify, defend and hold harmless The Salvation Army and all of its officers, agents and employees, acting officially or otherwise, from any and all claims, demands, losses, actions, liabilities, litigation, causes of action, damages, costs and expenses of any kind and character (including reasonable attorney fees) on account of or in connection with any personal injury, or damage or loss of any kind or character of property suffered or occasioned by the volunteer applicant, whether or not caused by or resulting from the negligence of The Salvation Army or any of its officers, agents and employees, acting officially or otherwise, in connection with or with regard to completing required tasks for the Salvation Army.

Applicant signature

Date