



# THE SALVATION ARMY NAPLES CORPS VOLUNTEER APPLICATION

Please Check One:  Volunteer  Student Community Service  Intern School Name \_\_\_\_\_

### Volunteer Profile

Mr.  Mrs.  Ms. Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Are you age 21 or older?  Yes  No  
(Under 16 must be accompanied by an Adult)

First Name (If group, please identify group leader's name here) \_\_\_\_\_ Last Name \_\_\_\_\_

### Permanent Address

Street/PO Box \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### Seasonal Address

Street/PO Box \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

If seasonal, indicate months in Naples and available to Volunteer: From: \_\_\_\_\_ To: \_\_\_\_\_

### Business Information

Occupation: \_\_\_\_\_

Employer Name \_\_\_\_\_ Address \_\_\_\_\_ City/State \_\_\_\_\_ Phone \_\_\_\_\_

### Contact Information

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Fax \_\_\_\_\_ Email Address \_\_\_\_\_ Twitter \_\_\_\_\_

### **VOLUNTEER OPPORTUNITIES: (Please check all categories in which you would like to Volunteer)**

- After School  Tutor  Bus Driver  Sports Coach
- Child Development:  Read to Children\*
- Family Stores\*:  Sort Clothes  Stock Merchandise  Price Merchandise  Cashier\*
- Food Pantry:  Sort/Stock Food  Bag Groceries
- Facilities Maint.:  Janitorial
- Fundraising  Clerical  Phone Calls  Photography
- Warehouse:  Sort Clothes  Clean-up
- Christmas Program  Toys
- Bell Ringer  Kettle

### DISASTER SERVICES

- Pre-Event:  Answer Phones  Clerical  Training
- Post-Event:  Food Preparations  Hospitality Center  Stock Food  Serve Meals
- Sort Donations  Procurement  Warehouse

I can volunteer unlimited hours as a Disaster Emergency Relief Team (DERT) Leader  Yes  No  
I can volunteer two weeks to serve on a Disaster Emergency Relief Team (DERT)  Yes  No

\*Must pass any applicable background checks.

(Continues on Next Page)



## THE SALVATION ARMY NAPLES CORPS VOLUNTEER APPLICATION

### Day(s) & Time Preferences (Check all that apply)

- Monday     Tuesday     Wednesday     Thursday     Friday     Saturday  
 Morning     Afternoon     Evening

- I Can Volunteer:**     January     February     March     April     May     June  
 July     August     September     October     November     December

- 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 the assignment requested)

**\*Must pass any applicable background checks.**

## SKILLS QUESTIONNAIRE

Please take a moment to complete the skills questionnaire by **placing an "X"** next to each one. Feel free to write in any skills not listed.

### **Clerical Skill Retail / Business Skill and Other Skills**

- |                                       |   |  |
|---------------------------------------|---|--|
| <input type="checkbox"/> Computer     | <input type="checkbox"/> Customer Relations | <input type="checkbox"/> Acting/ Singing |
| <input type="checkbox"/> Copier       | <input type="checkbox"/> Cashier            | <input type="checkbox"/> Arts and Crafts |
| <input type="checkbox"/> Fax          | <input type="checkbox"/> Display            | <input type="checkbox"/> Cooking/Baking  |
| <input type="checkbox"/> Filing       | <input type="checkbox"/> Marketing          | <input type="checkbox"/> Music           |
| <input type="checkbox"/> Mailing      | <input type="checkbox"/> Sales              | <input type="checkbox"/> Drama           |
| <input type="checkbox"/> Phones       | <input type="checkbox"/> Driver             | <input type="checkbox"/> Counseling      |
| <input type="checkbox"/> Receptionist |   |  |
| <input type="checkbox"/> Shorthand    |   |  |
| <input type="checkbox"/> Other        |   |  |

#### **Communication**

- Customer Service
- Foreign Language
- Photography
- Public Speaking
- Sign Language
- Training
- Writing

#### **Financial**

- Banking
- Billing
- Bookkeeping
- Collections
- Fundraising

#### **Other**

- Construction
- Emergency Service
- Housekeeping
- Electrical
- Human Resources

Other \_\_\_\_\_



## The Salvation Army Naples Corps

---

### CODE OF ETHICS

As a Volunteer for The Salvation Army Naples Regional Coordinate, I will strive to adhere to the following code:

1. I will keep confidential matters confidential.
2. I interpret "volunteer" to mean that I have agreed to work without compensation in money. Having been accepted as a worker, I expect to do my work according to highest standards.
3. I promise to approach my work with an attitude of open-mindedness; to be willing to be trained for it; to bring to it interest and attention.
4. I realize that my skills may differ from my co-workers. I will do my best to establish teamwork realizing that a variety of skills are necessary to build a strong team.
5. I plan to find out how I can best serve the activity for which I have volunteered, and to offer as much as I am sure I can give.
6. I realize that when I agree to participate in a volunteer activity that I have made a commitment to the agency.
7. I believe that my attitude toward volunteer work should be professional. I believe that I have an obligation to my work, to those who direct it, to my colleagues, to those for whom it is done, and to the public.
8. I will handle all donations with integrity and honesty including monetary and in-kind donations. I will ensure that all donations in their entirety are directed and received where intended.

\_\_\_\_\_  
Initial



## The Salvation Army Naples Corps

---

### **VOLUNTEER STATEMENT OF CONFIDENTIALITY**

I realize that in the course of my time in a Salvation Army facility, I may be exposed to clients or client's names and other confidential data regarding agency clients. I understand that any and all client data is confidential under Florida Statute, Chapters 394.459 (9) and the Code of Federal Regulations, Part 2, Title 42. Violations of state and federal statues can carry both civil and criminal penalties.

I further understand that no names or information about Salvation Army clients can be discussed with non-Salvation Army employees.

My signature acknowledges my agreement to abide by all agency confidentiality regulations and applicable laws. My signature acknowledges that I agree to sign in with The Salvation Army front desk and received the appropriate name tag identification each time that I volunteer; I agree to wear the name tag at all times while in any Salvation Army facility. I also agree that I will notify the front desk upon my departure from the facility and will return the assigned nametag.

### **POLICY ACKNOWLEDGEMENT ALCOHOL AND ILLEGAL DRUGS**

I, \_\_\_\_\_, acknowledge that is the policy of The Salvation Army to establish and maintain a drug-free workplace.

I further understand that any policy and procedures constitute statements of policy only and are not to be interpreted as a contract of employment between The Salvation Army and me. I also understand that The Salvation Army reserves the right to change, modify, or delete any of its policies and procedures relating to the Drug-Free Workplace Program at any time.

I understand that any violation of the Drug-Free policy, or any related incident, may lead to termination of my Volunteer assignment.

\_\_\_\_\_  
Initial



# The Salvation Army Naples Corps

- CODE OF ETHICS
- STATEMENT OF CONFIDENTIALITY
- ALCOHOL AND ILLEGAL DRUGS
- CONSENT TO PUBLICATION

I, \_\_\_\_\_, acknowledge statements and policy of The Salvation Army listed above.

***Thank you for your desire to Volunteer your time and talents to help others in need!***

**Acknowledgement**

*I understand that The Salvation Army is a religious and charitable organization and requires the assistance of volunteers in carrying out its various spiritual and social programs. As a Volunteer, 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. Should I Volunteer in any area requiring a background check I agree to complete the applicable forms; and I understand I cannot begin Volunteering in that area until all background checks are approved by The Salvation Army.*

Printed Name \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness / Staff Signature

\_\_\_\_\_  
Date

---

**Office Use Only**

Entered in Database / Date

Attended Volunteer Orientation / \_\_\_\_\_

Date

Assigned Volunteer Position

Position: \_\_\_\_\_

NOTES:

---



CONSENT TO PUBLICATION  
BY  
THE SALVATION ARMY

I certify that I am at 21\* years of age, my birth date being \_\_\_\_\_, 19\_\_\_\_, and having the right to contract in my own name and to the extent herein set forth.

I hereby irrevocably grant to The Salvation Army, its successors and assigns, its agents and those by whom it is commissioned, the absolute, unrestricted and unlimited license, right, permission, and consent to use and reuse, disseminate, copyright, print, reproduce, publish and republish, for any and all trade purposes or commercial or other advertising or public purposes, and in any and all advertising, publicity, display, publication or media, my name, signature and likeness, and any portraits, pictures, photographic prints or other representations of me, or in which I may appear, or any reproductions or sketches thereof or parts thereof, photographic or otherwise, with such additions, deletions, alterations or changes therein as you in your discretion may make, either separately or together with my name or a fictitious name, or the name of another person, with or without any statements or testimonials made by me, or authorized by me which you may, in your discretion, prepare for use in connection therewith. I warrant that I have not limited or restricted the use of my name or photograph to the use of any organization or person.

I hereby grant unrestricted use of audio tracks or text by The Salvation Army for such purposes as The Salvation Army may deem appropriate.

I hereby release and discharge The Salvation Army, its successors, assigns and agents from any and all claims and demands arising out of or in connection with the use of any of the foregoing, including any claims for defamation, invasion of privacy or violation of any statutory right.

Witness by my hand as noted and sealed this day.

_____	_____	_____	_____
(Print Name)	(Sign Name)	(Address)	(Date)
_____	_____	_____	_____
_____	_____	_____	_____

Authorization Relating To A Minor Or Individual Under Local Guardianship

I hereby certify that I am the (parent)/(legal guardian) of a minor child or dependent \_\_\_\_\_, and have executed this release on (his)/(her) behalf.

_____	_____	_____	_____
(Print Name)	(Sign Name)	(Address)	(Date)

Witness to Execution of Release

_____	_____	_____	_____
(Print Name)	(Sign Name)	(Address)	(Date)

\*Substitute the age of majority, if less than 21 years, in the State of residency of the subject of the consent.



# Volunteer Emergency contact

Please Print

Department \_\_\_\_\_

Date \_\_\_\_\_

Volunteers full name \_\_\_\_\_

Home Address \_\_\_\_\_

Home Address #2 \_\_\_\_\_

Phone numbers \_\_\_\_\_

## Emergency Contact

Name \_\_\_\_\_ Relation \_\_\_\_\_

Address \_\_\_\_\_

Phone #'s \_\_\_\_\_

Name \_\_\_\_\_ Relation \_\_\_\_\_

Address \_\_\_\_\_

Phone #'s \_\_\_\_\_

## Volunteer Background E-Invites information



In order to volunteer we must run a background check  
Please provide your email below so we can send you the E-  
Invite to you.

The way the process works:

Our HR director will send you an electronic invitation which you  
will have to accept, then fill out the information required to  
complete all your background information online!

Once we receive your cleared background you may start  
volunteering.

Please Print your email below

---

---

Date

---

Signature

Please check your email to make sure you don't miss the  
E-Invite, it may go into your spam file.





## VOLUNTEER APPLICATION FOR PANDEMIC RELIEF SERVICES

The Salvation Army is committed to protecting the health of our staff, volunteers, and all those we serve. Due to widespread community transmission of the COVID-19 virus, please read and affirm by checking each box that you meet the following conditions BEFORE volunteering.

- You are at least 18 years of age.
- You have NOT recently traveled abroad or to any highly impacted part of the United States.
- You feel healthy and have NOT been exposed to anyone who may have contracted COVID-19.
- You are NOT part of a high-risk group for developing critical conditions.
- You are willing to follow local health guidelines issued to prevent the spread of COVID-19 including maintaining a social distancing of at least 6 feet and wearing a protective mask.

First Name	Middle Initial	Last	Suffix
Address (Street, City, State, Zip Code)			
E-mail		Preferred Phone Number	
Occupation (or Current Employer)			
<b>Emergency Contact Information</b>			
Name		Relationship	
Preferred Phone		Email	

To help ensure that you have the best possible volunteer experience, please answer the following questions. Your answers to these questions will not disqualify you from volunteering.

- Yes  No I can lift 50 pounds or more.
- Yes  No I can be on my feet for approximately 8 hours a day
- Yes  No I can engage in service delivery in extreme heat, cold and wet climate conditions.
- Yes  No I can handle working in a highly stressful environment.
- Yes  No I am comfortable helping persons who are emotionally & psychologically distraught.
- Yes  No Have you ever been convicted of a felony? Note that a conviction will not necessarily disqualify you from serving
- Yes  No Do you have a valid drivers' license?
- Yes  No Are you fluent in any language other than English? If yes, list those languages:

A background investigation is required for all volunteers who affiliate with The Salvation Army and/or assist vulnerable populations. Are you willing to authorize a background investigation check? Checking "Yes" does not constitute authorization to conduct a background investigation; doing so only indicates you are willing to sign the required authorization form.  Yes  No

## Volunteer Release and Waiver of Liability

This release and Waiver of Liability (the "Release") executed on this \_\_\_ day of \_\_\_\_\_ by \_\_\_\_\_ (the "Volunteer") in favor of **THE SALVATION ARMY**, a corporation organized and existing under the laws of the State of \_\_\_\_\_, its members, trustees, directors, officers, employees, volunteers and agents (collectively, "The Salvation Army").

I, The Volunteer, desire to volunteer with The Salvation Army to provide emergency disaster relief or related services and engage in the activities related to offering these services. I understand that the activities may include, but are not limited to, travel to disaster sites in the United States; transportation in commercial and Salvation Army-owned vehicles; moving and lifting heavy objects; cooking and serving food; and working and inhabiting environments where I may be exposed to infectious diseases or that may be without power, sanitation, or are otherwise damaged by a disaster event.

I hereby freely and voluntarily, without duress, execute the Release under the following terms:

- 1. Waiver and Release.** I, the Volunteer, release and forever discharge and hold harmless The Salvation Army from any claim or liability that I, the Volunteer, may have against The Salvation Army with respect to any bodily injury, personal injury, illness, death or property damage that may result from my participation in a disaster relief operation. I also understand that The Salvation Army does not assume any responsibility or obligation to provide financial or other assistance, including, but not limited to medical, health, or disability insurance, in the event of injury, illness, death or property damage (see insurance requirements below). I acknowledge there are known, and unknown dangers associated with disasters natural or human, and there is therefore risk associated with volunteering for disaster or social services.
- 2. Insurance.** The Salvation Army does not carry or maintain, and expressly disclaims responsibility for providing any health, medical, disability, workers' compensation or unemployment insurance coverage for the Volunteer. EACH VOLUNTEER IS EXPECTED AND ENCOURAGED TO CARRY PERSONAL HEALTH INSURANCE AND OTHER PERSONAL INSURANCE COVERAGE PRIOR TO REGISTERING AS A SALVATION ARMY VOLUNTEER.
- 3. Medical Treatment.** Except as otherwise agreed to by The Salvation Army in writing, I hereby release and forever discharge The Salvation Army from any claim whatsoever which arises or may hereafter arise on account of any first-aid treatment or other medical services rendered to me by Salvation Army personnel in connection with an emergency that occurs in performing volunteer services with The Salvation Army.
- 4. Assumption of Risk.** I understand that my time with The Salvation Army may include activities that may be hazardous to me, including, but not limited to, cooking and food preparation activities, loading and unloading of heavy equipment and materials, transportation to and from a disaster site, working in situations where I might be exposed to infectious diseases, including, but not limited to COVID-19 or SARS-CoV-2, and working in locations damaged by the effects of a disaster. I recognize and understand that my time with The Salvation Army may, in some situations, involve inherently dangerous activities. I hereby expressly and specifically assume the risk of injury or harm in these activities and release The Salvation Army from all liability for injury, illness, death or property damage resulting from the activities of my volunteer service with The Salvation Army.
- 5. Photographic Release.** I grant and convey unto The Salvation Army all right, title and interest in any and all photographic images and video or audio recordings made by The Salvation Army during my volunteer service for The Salvation Army, including, but not limited to, any royalties, proceeds or other benefits derived from such photographs or recordings.
- 6. Other.** I understand that it is my desire to further the work of The Salvation Army by performing services as a volunteer, specifically as a volunteer in emergency disaster or related services. I undertake to perform said services as a volunteer without compensation and that, in performing said services, I acknowledge that I am not acting as an employee or independent contractor of The Salvation Army.
- 7. Severability.** Volunteer understands the purpose of this release and waiver of liability with respect to the Charitable efforts of The Salvation Army and desires to be a part of its volunteer disaster services. As a result, if any of Sections 1 through 7 of this Volunteer Release and Waiver of Liability agreement are held to be invalid and unenforceable, then the Parties agree to modify the unenforceable provision with an enforceable provision that best represents the intention of the Parties to this Volunteer Release and Waiver of Liability.

To express my understanding of this document and attest that all information is true, I sign here with a witness.

Volunteer Name (please print)

Witness Name (please print)

Volunteer Signature

Witness Signature

Date

Date



What measures implemented to protect current volunteers, participants, and staff?

We have distributed information about how to stay safe, and we are reiterating the CDC's guidelines for hygiene and disease prevention.

- We ask that volunteers, participants, and staff take the following precautions to keep themselves healthy and protect others:
  - Mask is required at all times
  - Temperature will be taken at arrival
- If you are feeling sick or having signs of a cold or cough, please stay home and rest.
- Wash hands frequently with soap and water for at least 20 seconds. If soap is not available, please use an alcohol-based hand sanitizer with at least 60% alcohol.
- Cover all coughs and sneezes with a tissue, dispose of the tissue immediately in a wastebasket, and proceed to wash one's hands.
- Keep a healthy distance from people who are coughing and sneezing.
- Disinfect frequently used surfaces such as laptops, workspaces, cell phones, keys, and doorknobs.
- Avoid touching your face and mouth.
- If a family member is experiencing signs of the flu, cough, or cold, please do not attend World Relief volunteer activities or gatherings.

---

Signature

---

Date