



DOING THE MOST GOOD

The Salvation Army Volunteer Application

1898 Hwy 17 N, Winter Haven, FL 33881

www.salvationarmywinterhaven.org

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone (Home/Cell/Work): \_\_\_\_\_

Email Address: \_\_\_\_\_

You may be asked for your authorization to run a background check and/or credit check. Are you willing to authorize this?  Yes  No

Emergency Contact Information

Name: \_\_\_\_\_

Relationship (Spouse, Friend, etc.): \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Please Check Your Areas of Interest – You May Select More Than One

Table with 2 columns: Interest Area (checkbox) and Description. Rows include Food Pantry, Food Distribution Days, General, Family Store, Seasonal Volunteers, Angel Tree Toy Shop, Bell Ringing, and Angel Tree Distribution Day.

**Please tell us a little about yourself!**

What languages do you speak? \_\_\_\_\_

Have you volunteered with us before? If so, when? \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Driver's License State of Issue: \_\_\_\_\_

Are you at least 18 years old?  Yes  No

Have you ever been convicted of a felony?  Yes  No

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

If yes to either, please explain: \_\_\_\_\_

Note, answering yes will not necessarily disqualify you from volunteering.

**When are you available?**

<input type="checkbox"/> Monday	<input type="checkbox"/> Anytime <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evenings
<input type="checkbox"/> Tuesday	<input type="checkbox"/> Anytime <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evenings
<input type="checkbox"/> Wednesday	<input type="checkbox"/> Anytime <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evenings
<input type="checkbox"/> Thursday	<input type="checkbox"/> Anytime <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evenings
<input type="checkbox"/> Friday	<input type="checkbox"/> Anytime <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evenings
<input type="checkbox"/> Saturday	<input type="checkbox"/> Anytime <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evenings
<input type="checkbox"/> Sunday	<input type="checkbox"/> Anytime <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evenings

**References – Please list the names and numbers of four references not related to you**

Name	Telephone	Relationship
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____

"I certify the information contained in this application is true and complete. I authorize investigation of all statements contained in this application and understand that any false or misleading statements or omissions are cause for my inability to volunteer on behalf of The Salvation Army. I hereby authorize former and present employers/volunteer organizations, except as I have otherwise indicated on this application, as well as physician, references and other sources to provide or verify any information that they may have regarding me, my employment and/or volunteer service with them to The Salvation Army and release them from any liability arising from the furnishing of any employment/volunteer information."

"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."

---

Applicant Signature

Date

# Volunteer Statement

1. In my prior volunteer work, I have never used a name other than the one I provided below and on my volunteer application. Please list any other names used: \_\_\_\_\_  
\_\_\_\_\_
2. I understand there are essential duties of volunteer tasks and will require no accommodation except as follows:  
\_\_\_\_\_
3. I have never been accused of child abuse or attempted abuse including sexual molestation of a child, sexual exploitation or any sexual crimes related to children.

If the prior statement is **NOT TRUE**, please explain the details/circumstances. \_\_\_\_\_  
\_\_\_\_\_

4. I have never been arrested for child abuse including sexual molestation, sexual exploitation or any sexual crimes related to children. If the foregoing statement is **NOT TRUE**, please check here:
5. I have never been convicted of child abuse, sexual molestation of a child, sexual exploitation or any crimes related to children. If the foregoing statement is **NOT TRUE**, please check here:
6. I understand that I may be required to provide references from my personal network, my church(es), or other organizations that where I have volunteered or worked.
7. I authorize any organizations I list, and their representatives, along with my personal references, to give The Salvation Army any information they have regarding my character and fitness to work with men, women and children who are residing in the shelters or being served through programs of The Salvation Army.
8. I am aware The Salvation Army is a branch of the Christian Church and I agree to conduct myself in my work with others, in a way that is consistent with the religious and charitable convictions, principles and policies of The Salvation Army.
9. Having provided and affirmed the foregoing information statements to be true, I recognize that any false information or statements are punishable under laws related to perjury and are grounds for immediate dismissal resulting in the unapproved status as a volunteer of The Salvation Army.

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

Residential Address (no PO Box): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Name: \_\_\_\_\_

Title: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**AUTHORIZATION FOR PHOTOGRAPHY/FILM/AUDIO/TEXT BY THE SALVATION ARMY**

I certify that I am at least 21 \* years of age, **my birth date being (dd/mm/yyyy)\_\_\_/\_\_\_/\_\_\_**, and have 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 forgoing, including any claims for defamation, invasion of privacy or violation of any statutory right.  
Witness by my hand as noted and sealed this day:

---

**Printed Name**

---

**Signature** **Date**

---

**Address** **City/State** **Zip**

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

Authorization Relating to a **Minor or Individual Under Local Guardianship:**

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

---

**Parent/Legal Guardian Printed Name**

---

**Parent/Legal Guardian Signature** **Date**

---

**Address** **City/State** **Zip**