



Volunteer Application Form

Name:	Date of Birth:	Date:
Address:	Home Phone:	
City:	Postal Code:	Cell Phone:

Email address:

SKILLS you have to offer (check all that may apply):

<input type="checkbox"/> Enjoy working with people	<input type="checkbox"/> Secretarial/Reception skills	<input type="checkbox"/> Able to lift/carry furniture
<input type="checkbox"/> Food/Meals Preparation	<input type="checkbox"/> Organizational skills	<input type="checkbox"/> Janitorial/Housekeeping
<input type="checkbox"/> Dishwashing/Cleaning	<input type="checkbox"/> Computer/Data Entry skills	<input type="checkbox"/> Drive a vehicle (Class 5)
<input type="checkbox"/> Retail skills (sorting, folding)	<input type="checkbox"/> Other: _____	

GOALS of volunteering (check all that may apply):

<input type="checkbox"/> Career Development	<input type="checkbox"/> Learn new skills	<input type="checkbox"/> Serve God
<input type="checkbox"/> Socialize/Meet People	<input type="checkbox"/> Educational Requirement	<input type="checkbox"/> Give back to Community
<input type="checkbox"/> Help others in need	<input type="checkbox"/> Want to keep busy	<input type="checkbox"/> Legal Requirement
<input type="checkbox"/> Other: _____		

Previous Volunteer Experience:

Educational/Training background:

Employment Experience:

Availability:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

Length of Projected Volunteer Commitment (check all that may apply)

<input type="checkbox"/> One-Time Special Event	<input type="checkbox"/> Annual Special Event/Project (eg: Christmas Kettles)
<input type="checkbox"/> On-going Weekly Commitment	<input type="checkbox"/> On-going Monthly Commitment
<input type="checkbox"/> Less than six months	<input type="checkbox"/> More than six months

Available Areas of Volunteer Interest (check all that may apply):

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> Intake Worker (Hampers) | <input type="checkbox"/> Soup Kitchen Help | <input type="checkbox"/> Dishwasher | <input type="checkbox"/> Christmas Kettles/Hampers |
| <input type="checkbox"/> Thrift Store | <input type="checkbox"/> Warehouse/Sorting | <input type="checkbox"/> Secretary/Reception/Data Entry | <input type="checkbox"/> Bread Bagging |
| <input type="checkbox"/> Janitorial | <input type="checkbox"/> Food Bank prep | <input type="checkbox"/> Clothing Voucher Room | <input type="checkbox"/> Food Drive Sorting |
| <input type="checkbox"/> Truck Driver (pick-ups) | <input type="checkbox"/> Swamper (pick-ups) | <input type="checkbox"/> Emergency Disaster Response | <input type="checkbox"/> Special Events (varied) |

How did you hear about our program?

References

Please supply two references other than family members

(Employer, friend, minister, etc.) References can be contacted: Yes No

Name:	Name:
Address:	Address:
Tel.:	Tel.:
Relationship:	Relationship:

Agreement:

If accepted as a Salvation Army Volunteer, I agree to the following:

- To participate in designated training sessions when provided to help in my volunteer assignment.
- 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 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 necessary.
- To show a Drivers' Abstract, if necessary.

Signature of Applicant

Date

Mission Statement

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.

Privacy Act: All records are kept in a locked file cabinet. We will not pass on your name to any other agency unless you give permission.

Fax: 604-792-5367

Scan & Email: careandsharesh@shaw.ca

Mail: Volunteer Coordinator, 45746 Yale Road. Chilliwack, B.C. V2P-2N4

For Office Use Only:

Interviewer: _____ Date of Interview: _____

Comments: _____

Recommendation: Accept Applicant Services Decline Services