



VOLUNTEER REGISTRATION FORM

(please complete both sides)

NAME: _____ DATE: _____

ADDRESS: _____ TELEPHONE: _____

CITY: _____ PROVINCE: _____ POSTAL CODE: _____

DATE OF BIRTH: _____

OCCUPATION/EMPLOYER/SCHOOL _____

SPECIAL TRAINING/HOBBIES/INTEREST _____

PREVIOUS VOLUNTEER EXPERIENCE _____

DO YOU DRIVE: _____ DO YOU HAVE A VEHICLE? _____

AREA OF CITY YOU WISH TO VOLUNTEER ? CHILLIWACK ___ SARDIS ___

CAN YOU VOLUNTEER ON: A REGULAR BASIS ___ ON CALL ___

WHERE AT THE CARE & SHARE CENTRE WOULD YOU LIKE TO VOLUNTEER?

Office/Intake Worker _____ Thrift Store ___ Soup Kitchen _____ Bagging Bread/Buns _____

Food Bank _____ Food Storage (after food drives) _____ Janitorial _____ Dishwasher _____

Special Events _____ Warehouse/Sorting _____ Christmas only _____

TIME COMMITMENT: Special Events _____ Less than 6 mths. _____ More than 6 mths. _____

AVAILABILITY (Day & Time)

MONDAY _____ TUESDAY _____

WEDNESDAY _____ THURSDAY _____

FRIDAY _____ SATURDAY _____

PLEASE TELL US WHY YOU WISH TO VOLUNTEER FOR THE SALVATION ARMY CARE & SHARE

CENTRE: _____

OFFICE USE ONLY

INTERVIEW DATE: _____

START DATE: _____

The Salvation Army does not discriminate on the basis of gender, national or ethnic origin, creed, handicap, lifestyle, or age.

YOU MAY BE REQUIRED TO WORK WITH PEOPLE OF DIVERSE ETHNIC ORIGIN.

PLEASE PROVIDE ONE PROFESSIONAL AND ONE PERSONAL REFERENCE:

1. Name _____
Address _____
Phone No. _____

2. Name _____
Address _____
Phone No. _____

I give my permission for the above references to be contacted in regard to my application.

Signature of Applicant _____

Date: _____

THE SALVATION ARMY MISSION STATEMENT

The Salvation Army as an International Movement is an Evangelical branch of the Christian Church.

ITS' MESSAGE is based on the Bible.

ITS' MINISTRY is motivated by love for God and a practical concern for the needs of humanity.

ITS' MISSION is to preach the Gospel of Jesus Christ, supply basic human needs, provide personal counseling and undertake the spiritual and moral regeneration and physical rehabilitation of all persons in need who come within its sphere of influence regardless of gender, national or ethnic origin, creed, handicap, lifestyle, or age.

ARE YOU ABLE TO SUPPORT THE SALVATION ARMY MISSION STATEMENT? Yes / No

Privacy Act: We will keep all your personal records in a locked file cabinet. Your name will not be passed on to any other agency unless you give permission.

FAX OR MAIL COMPLETED FORM TO:

FAX: 604-792-5367

MAIL: Care & Share Centre, 45746 Yale Road, Chilliwack, BC V2P 2N4

| | |
|--------------------|-------------|
| Office Use Only | |
| Interviewer: _____ | Date: _____ |
| Comments: _____ | |
| _____ | |
| _____ | |

Please complete both sides.