THE SALVATION ARMY
Volunteer Application

Please return completed form to:
The Salvation Army Attn: Volunteer Coordinator
626 Union Court, Green Bay WI 54303

Name:_____
Address:_____ City/State/Zip: _____
Home Phone: _____ Other: _____
Emergency Contact: _____ Phone: _____
Email Address: _____
Are you volunteering:____independently___with a group(please indicate group name)_____
_____for credit/internship_____service hours for school/church
First time volunteer for The Salvation Army: Yes _____ No _____
Present/Current Volunteer experience(s):_____
Have you ever been convicted of a felony? Yes _____ No _____
Have you been convicted of a misdemeanor within the last two years which resulted in imprisonment/jail?
Yes_____ No _____
If yes, please explain below:
_____
_____

Required Background Check (18 years and older)

Birthdate: _____ Gender: _____
Social Security Number: _____
Maiden Name/Additional Names: _____

Do you have any health restrictions/limitations?_____

Areas of Interest: Please list below:
_____
_____
_____
_____

Present/Past Employer:_____Retired? Y N
Occupation_____Title_____

Personal References (not relatives)

Name_____ Name_____
Address_____ Address_____
Telephone# _____ Telephone#_____

Please write the time(s) available for each of the following days:

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Mornings							
Afternoons							
Evenings							

1. **I hereby agree I will not disclose any information concerning individuals receiving Salvation Army services. Information is confidential and is intended only for the use of the recipient(s) and is legally privileged. I understand that any dissemination, distribution, copying or disclosure of this information, or any of its contents, is strictly prohibited.**
2. **I hereby agree I will not disclose any personal identity information concerning volunteer or donor files that I may come in contact with. This information is confidential and legally privileged. I understand that any dissemination, distribution, copying or disclosure of this information, or any of its contents, is strictly prohibited.**
3. **I certify that the statements made in this volunteer application are true and correct, and have been given voluntarily.**
4. **I agree to abide by the volunteer guidelines and expectations.**

If you have any questions or need additional clarification, please contact the Volunteer Department of The Salvation Army at 920-497-7053.

_____ _____

Signature: **Date:**

_____ _____

Parent/Guardian Signature (if applicant is under 18) **Date:**

For Salvation Army Use Only

Are references been check and acceptable? Yes_____ No _____

What position will volunteer be assigned? _____

Will volunteer be working with or near children? _____

Type of volunteer: Community Service _____ Regular_____ Teen_____