



THE SALVATION ARMY REGISTRATION FORM

SITE NAME:

It takes an army of people to provide the practical care for over a million Australians each year. Salvos Volunteers along with officers and staff work together to ensure the mission of The Salvation Army provides the hope needed by many in the community. Thank you for your willingness to bring to life our values of human dignity, justice, hope, compassion and community through your volunteer effort. With your help, we will continue to be there for those who experience disadvantage and/or are in crisis.

PERSONAL DETAILS

Mr Mrs Ms Miss Rev Minister Pastor Dr Prof

First Name: _____ Last Name: _____

Gender
 Male Female

Street Address: _____

Suburb: _____ Postcode: _____ State: _____

Date of birth: ___/___/___ Country of birth: _____

Daytime Phone: _____ Mobile: _____

Email: _____

Do you identify as an Aboriginal and/or Torres Strait Islander Australian? Please **TICK** relevant one:

- Aboriginal
- Torres Strait Islander
- Aboriginal and Torres Strait Islander
- None of the above

Main languages spoken at home:

Driver's licence: If 'yes', License number:
 Yes _____
 No

Highest level of education
(ie certificate 3/bachelor/masters etc)

Please **TICK** one:

- | | | |
|---------------------------------|--|---------------------------------------|
| <input type="checkbox"/> Year 9 | <input type="checkbox"/> Certificate I | <input type="checkbox"/> Diploma |
| <input type="checkbox"/> 10 | <input type="checkbox"/> II | <input type="checkbox"/> Degree |
| <input type="checkbox"/> 11 | <input type="checkbox"/> III | <input type="checkbox"/> Masters |
| <input type="checkbox"/> 12 | <input type="checkbox"/> IV | <input type="checkbox"/> PHD |
| | | <input type="checkbox"/> Other: _____ |

Please **TICK** one that most closely relates to your current situation:

"I am currently..."

- Studying
- Working Full time
- Working Part time
- Working Casual
- Looking for work
- Not working

VOLUNTEER INFORMATION

Present occupation: _____

Your qualifications: _____

List of your skills: _____

Any medical conditions we should be aware of: _____

EMERGENCY CONTACT:

First Name: _____ Last Name: _____

Contact Number: _____

Reference:

Referee Name 1:

Contact Number:

Referee Name 2:

Contact Number:

Date started at this Salvos site:
___/___/___



INTEGRITY CHECK INFORMATION

PLEASE TICK THIS BOX TO CONSENT TO UNDERGO AN INTEGRITY IF/WHEN REQUIRED.

ARE YOU WORKING WITH VULNERABLE PEOPLE?

Criminal History Check (Police Check)

Issue date of Criminal History Check: ___/___/___ Renewal date: ___/___/___

Reference check number: _____

ARE YOU WORKING WITH CHILDREN/YOUTH?

Working with Children Check

Issue date of Working with Children Check: ___/___/___ Expiry date: ___/___/___

Reference check number: _____

* Whether a check is processed depends on State legislation and the volunteers role. Contact site personnel to find how this impacts you.

Have you previously accessed Salvos' services?

Yes No

How did you find out about volunteering with the Salvos?
(Please **TICK** one only)

- Internet search
- I know your work
- My workplace
- Word of mouth
- I am a donor
- Received appeal/call
- Social media
- I have accessed a Salvos service
- News item or ad in the media
- My corps/church

I want to volunteer to (Please **TICK** one only)

- Make new friends
- Build professional contacts and/or explore career possibilities
- Build self-esteem and self-confidence
- Develop new job skills and/or add experience to my resume
- Make a difference in the world
- Increase personal satisfaction
- Develop people and/or communication skills
- Share my skills with others
- Fulfil study requirements and/or earn academic credit
- I was asked to

Signature: _____

Date: ___/___/___

For volunteers **UNDER THE AGE OF 16 YEARS** please ensure you gain parental/guardian consent below:

Parent/guardian name: _____

Parent/guardian signature: _____

Date: ___/___/___ Contact No: _____

Email: _____