



## VOLUNTEER APPLICATION

Please check one: ☐ Volunteer ☐ Student Community Service ☐ Intern ☐ State/JDD Court-Ordered Community Service

### Volunteer Profile

☐ Mr. ☐ Mrs. ☐ Ms. Are you age 21 or older? ☐ Yes ☐ No (Under 14 must be accompanied by an adult)

First Name *(If group, please identify group leader's name here)*

Last Name

### Permanent Address

Street/PO Box

City

State

Zip

### Seasonal Address

Street/PO Box

City

State

Zip

If seasonal, indicate months in Florida & available to volunteer: From: \_\_\_\_\_ To: \_\_\_\_\_

### Contact Information

Home Phone

Cell Phone

Email Address

### VOLUNTEER OPPORTUNITIES:

(Please check all categories in which you would like to volunteer)

#### YEAR-ROUND OPPORTUNITIES

Administration: ☐ Answer Phones

☐ Clerical/Filing

☐ Data Entry\*

Family Store: ☐ Sort Cloths\*

☐ Stock Merchandise\*

☐ Price Merchandise\*

☐ Cashier\*

Food Pantry: ☐ Sort/Stock Food

☐ Bag Groceries

☐ Client Intake

Feeding Program: ☐ Cook

☐ Server

☐ Runner (Deliver food to client)

☐ Canteen Driver\*

☐ Cleaning

☐ Feeding Program Coordinator\*

Maintenance: ☐ Landscaping

☐ Janitorial

☐ Facility Maintenance

☐ Equipment Repair

#### YEAR-ROUND TRAINING OPPORTUNITIES

Professional: ☐ Tutoring

☐ Training/Workshop

Type: \_\_\_\_\_

Computer ☐ Basic Computer

☐ MS Word

☐ MS Excel

Training: ☐ Publisher

☐ Power Point

☐ Access

#### DISASTER SERVICES

Pre-Event ☐ Answer Phones

☐ Clerical

☐ Training

☐ Preparing for Deployment

Post-Event ☐ Food Preparation

☐ Hospitality Center

☐ Stock Food

☐ Serve Meals

☐ Sort Donations

☐ Canteen Worker

☐ Procurement

☐ Warehouse

☐ Cleaning

#### CHRISTMAS PROGRAMS

Kettle ☐ Bell Ringer (Individual) ☐ Bell Ringer (Group)

How many in group? \_\_\_\_\_

Campaign: ☐ Kettle Coordinator\*

☐ Kettle Sponsor

☐ Kettle Driver\*

☐ Kettle Counter\*

☐ Kettle Musician

☐ Individual ☐ Group # in group \_\_\_\_\_

I can volunteer unlimited hours to assist with the Christmas Kettle Campaign. ☐ Yes ☐ No



Christmas      ☐ Registration      ☐ Applications      ☐ Translator:      ☐ Spanish      ☐ Creole  
Registration      ☐ Data Entry\*      ☐ Clerical/Mailing      ☐ Toyland Set-Up  
& Toyland      ☐ Toyland Clean-Up      ☐ Toy Sorting      ☐ Toyland Worker  
Distribution:      ☐ Stock Tables      ☐ Curb Service      ☐ Parking/Traffic Control

Holidays      ☐ Serve Thanksgiving meal  
                 ☐ Adopt-A-Family  
                 ☐ Stocking Sponsor      # of stocking needed: \_\_\_\_\_  
                 ☐ Angel Tree Sponsor      # of angels needed: \_\_\_\_\_  
Sponsor Christmas Party for program participants:      ☐ Yes      ☐ No

Day(s) & Time Preferences (Check all that apply)

☐ Monday      ☐ Tuesday      ☐ Wednesday      ☐ Thursday      ☐ Friday      ☐ Saturday      ☐ Sunday  
☐ Morning      ☐ Afternoon      ☐ Evening

**\*Must pass applicable background checks.**

Do you have any commitments to another company that might affect your volunteer work with us, including confidentiality, non-disclosure or non-competition agreements?      ☐ YES      ☐ NO

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

### **SKILLS AND QUALIFICATIONS**

Summarize any special training, skills, licenses, certificates and/or characteristics of yourself that might qualify you as being able to perform job-related functions for the position for which you are applying:

\_\_\_\_\_

### **GENERAL INFORMATION**

Are you below the age of 18:      ☐ YES      ☐ NO

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

Have you ever been convicted of a **felony**      ☐ YES      ☐ NO

Within the last two years, have you been convicted of a **misdemeanor that resulted in imprisonment?**      ☐ YES      ☐ NO

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

(Note: A conviction will not necessarily disqualify you from the job requested)

Have you previously applied for employment here?      ☐ YES      ☐ NO

If yes, when? \_\_\_\_\_

Have you previously been employed by The Salvation Army?      ☐ YES      ☐ NO

If yes, where? \_\_\_\_\_



## **REFERENCES**

List the names and telephone numbers of four references **not** related to you.

| Name  | Telephone | Relationship |
|-------|-----------|--------------|
| _____ | _____     | _____        |
| _____ | _____     | _____        |
| _____ | _____     | _____        |
| _____ | _____     | _____        |

Please include any other information you think would be helpful to us. This information could include additional work experience, articles published, accomplishments, etc.

\_\_\_\_\_

\_\_\_\_\_

### **Community Service/Intern Information**

If intern or Community Service, # of hours needed: \_\_\_\_\_

If intern, specify field of study or department you would like to volunteer in: \_\_\_\_\_

---

---

## **THANK YOU FOR VOLUNTEERING YOUR TIME AND TALENTS TO HELP OTHERS**

### **Acknowledgement**

*I certify that 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 material 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 understand that The Salvation Army is a religious and charitable organization and requires the assistance of volunteer in carrying out its various spiritual and social programs. As a volunteer, I agree to perform all assignments with the highest level of professional and ethical conduct and confidentiality. I understand that I will not be compensated for services performed as a volunteer. Should I volunteer in any area requiring a background check I agree to complete the applicable forms; and I understand I cannot begin volunteering in that area until all background checks are approved by The Salvation Army.*

|                                 |            |
|---------------------------------|------------|
| Applicant Signature _____       | Date _____ |
| Department Head Signature _____ | Date _____ |