

The Salvation Army Centre of Hope

Volunteer Application Form

| Name: | | | | | | | Date: | | |
|---|---------------|--------------|---|---------|-------------------|--------------------------------|-----------------|--------|--|
| Address: | | | | | | | Tel: | | |
| City: | | Postal Cod | e: | | | | Email: | | |
| Skills you hav | e to offer: | | | | | | | | |
| o Work wel | l with people | 9 | o Or | ganiza | tional | skills | | | |
| o Creative ideas | | | Drive a vehicle (Christmas | | | | s Only) | | |
| o Computer knowledge | | | o Gardening | | | | | | |
| o Income Tax Preparation | | | o Otl | her | | | | | |
| o Office procedures | | | | | | | | | |
| Areas you are interested in: | | | | | | | | | |
| | k "Shopping | Assistant" | o Food H | | | C | • | | |
| o Warehouse | | | Administrative DutiesCommunity Gardening | | | | | | |
| o Donation | | • | o Commu | inity G | arder | iing c | Cooking Cl | asses | |
| Previous volunteer experience | | | | | | | | | |
| Educational/Training background | | | | | | | | | |
| Educational/ | raining baci | kground | | | | | | | |
| | | | | | | | | | |
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| | • | <i>I</i> : 1 | <u> </u> | • | | | | | |
| Employment experience: (in absence of resume, previous 3 employers) | | | | | | | | | |
| Employer | | | Position | | | | Start/End Dates | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Availability | | | | | | | | | |
| | Monday | Tuesday | Wednesday | Thu | rsday | Friday | Saturday | Sunday | |
| Morning | | | | | | | N/A | N/A | |
| Afternoon | | | | | | | N/A | N/A | |
| Evening | N/A | N/A | Until 6pm | N/A | \ | N/A | N/A | N/A | |
| Length of Volunteer Commitment | | | | | | per Week | Availability | | |
| Special event/project | | | | | | o 1 day per week o 3+ days per | | | |
| More than six months | | | | | o 2 days per week | | week | | |

| Are you 18 years old or OYes | | | | | | | |
|--|---------------|--|--|--|--|--|--|
| over? o No | | | | | | | |
| How did you hear about our program? | | | | | | | |
| | | | | | | | |
| References | | | | | | | |
| Please supply two references (employer, teacher, minister, co-worker, etc.) | | | | | | | |
| *Not family or friends | | | | | | | |
| Name: | Name: | | | | | | |
| Email: | Email: | | | | | | |
| Tel: | Tel: | | | | | | |
| Relationship: | Relationship: | | | | | | |
| Agreement: | | | | | | | |
| To participate in designated training sessions when provided. To fulfill the volunteer hours and schedule agreed upon. To wear required identification when on duty as required. To provide my time and service without remuneration. To give The Salvation Army permission to contact the above named references. To provide a driver's abstract if necessary. | | | | | | | |
| Signature | Date | | | | | | |
| For office use | | | | | | | |