



Giving Hope Today

The Salvation Army Centre of Hope

Volunteer Application Form

Name:		Date:
Address:		Tel:
City:	Postal Code:	Email:

Skills you have to offer:

<input type="checkbox"/> Work well with people	<input type="checkbox"/> Organizational skills
<input type="checkbox"/> Creative ideas	<input type="checkbox"/> Drive a vehicle (Christmas Only)
<input type="checkbox"/> Computer knowledge	<input type="checkbox"/> Gardening
<input type="checkbox"/> Income Tax Preparation	<input type="checkbox"/> Other
<input type="checkbox"/> Office procedures	

Areas you are interested in:

<input type="checkbox"/> Food Bank "Shopping Assistant"	<input type="checkbox"/> Food Hub	<input type="checkbox"/> Sports Programing
<input type="checkbox"/> Warehouse	<input type="checkbox"/> Administrative Duties	<input type="checkbox"/> Free Income Tax Clinic
<input type="checkbox"/> Donation Sorter	<input type="checkbox"/> Community Gardening	<input type="checkbox"/> Cooking Classes

Previous volunteer experience

Educational/Training background

Employment experience: (in absence of resume, previous 3 employers)

Employer	Position	Start/End Dates

Availability

	Monday	Tuesday	Wednesday	Thursday	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	Days per Week Availability
<input type="checkbox"/> Special event/project	<input type="checkbox"/> 1 day per week
<input type="checkbox"/> More than six months	<input type="checkbox"/> 2 days per week
	<input type="checkbox"/> 3+ days per week

Are you 18 years old or over? Yes
 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:

If accepted as a Salvation Army volunteer, I agree to the following:

1. To participate in designated training sessions when provided.
2. To fulfill the volunteer hours and schedule agreed upon.
3. To wear required identification when on duty as required.
4. To provide my time and service without remuneration.
5. To give The Salvation Army permission to contact the above named references.
6. To provide a driver's abstract if necessary.

Signature

Date

For office use