



Powell River

Serving God's Country
On the Sunshine Coast

The Salvation Army Powell River VOLUNTEER Application

* Please Print *

Date: _____

Surname

First Name

Address: _____

City: _____ Postal Code: _____

Phone (Home): _____

(Cell): _____

(Email): _____

Date of birth: _____

Have you ever worked/volunteered with The Salvation Army before? No Yes

Availability:

Please check each selection

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Morning

Afternoon

Extreme Weather Response Shelter (Overnight)

Length of volunteer commitment: 1-6 Months 6-12 Months More than 1 year Special Event

Previous volunteer experience:

Educational / Training background:

Employment Experience:

I am currently a student. No Yes, at: _____

Other Abilities, Skills, Interests: _____

How did you hear about our program/services? _____

What are your reasons for volunteering? _____

Are you willing to submit to a criminal record check? No Yes

References (must be filled in)

Please supply two references other than family members (Employer, friend, minister, etc.)

Name: _____ Relationship: _____

Telephone (Day): _____ (Evening): _____

Name: _____ Relationship: _____

Telephone (Day): _____ (Evening): _____

Emergency Contact (must be filled in)

Name: _____ Relationship: _____

Telephone (Day): _____ (Evening): _____

I am under age 19. My Parent or Guardian gives permission for me to volunteer.

Signature of parent or guardian Relationship Date

Declaration of Trust & Authorization for Collection of Personal Information

I hereby declare that the above information is true and complete to the best of my knowledge. I understand that a false statement may disqualify me from further consideration as a volunteer or result in dismissal.

I authorize The Salvation Army to collect information appropriate to the position applied for concerning my academic background and employment/volunteering history, and to verify character references I have supplied.

I understand that the information obtained will be confidential but may be shared with relevant Salvation Army personnel and other organizations in order to obtain an appropriate volunteer position.

Signature of Applicant

Date

Please return this form to: The Salvation Army
at 4500 Joyce Avenue, Powell River, BC
Phone: 604-485-6067
Fax: 604-485-6554
www.salvationarmypr.ca contact@salvationarmypr.ca

Thank you for your interest in supporting our Community Ministry Programs & Thrift Store.

**THANK YOU FOR YOUR WILLINGNESS TO VOLUNTEER
AND GIVE BACK TO YOUR COMMUNITY!**

Salvation Army Volunteer Program

Powell River Corps and Community Services

WAIVER OF LIABILITY

The Salvation Army agrees to treat all volunteers with dignity and respect, having due regard for their personal safety and their personal property while they are serving as volunteers.

To that end, The Salvation Army will take reasonable steps necessary to ensure a safe and secure working environment for all individuals, including volunteers

While volunteers will not knowingly be placed in unsafe situations or exposed to unnecessary risk, it is recognized that accidents or losses occasionally will happen which cannot be attributed to any fault of the part of any one individual or organization.

The purpose of the document is to release The Salvation Army from liability for accidents, injuries, losses and damage which may occur in the course of providing volunteer services, where such accidents, injuries, losses or damage are not caused by negligent acts or omissions on the part of The Salvation Army.

As a volunteer participant in the delivery of The Salvation Army programs and services, I agree to the following:

1. The Salvation Army will not be required to compensate me for any harm or loss suffered as a result of my participation in the provision of volunteer services, whether that be a harm such as illness, injury, or death, or loss damage to personal property unless such harm or loss is caused by negligent acts or omissions on the part of The Salvation Army or those whom it is legally responsible.
2. I relinquish any right I might have to claim compensation from The Salvation Army for any harm or loss suffered by me in connection with the provision of volunteer services except if such harm is caused by negligent acts or omissions of The Salvation Army or those for whom it is legally responsible.
3. Any reference to The Salvation Army in this document shall include The Salvation Army Canada and Bermuda Territory, The Governing Council of The Salvation Army in Canada, and all associate charities, divisions and unincorporated associates, as well as all officers, employees and volunteers of any of them.

AGREEMENT

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

1. To participate in designated training sessions when provided to help in my volunteer assignment.
2. To fulfill the volunteer hours agreed upon.
3. To maintain strict confidentiality.
4. To wear required identification when on duty as required.
5. To provide my time and service without remuneration.
6. To adhere to the smoke free environment.
7. To support the principles of The Salvation Army, and the implement of The Salvation Army while on duty as a volunteer.
8. To give The Salvation Army permission to contact the above named references.
9. To agree to police record checks as required.
10. To show a driver's abstract if necessary.

I fully understand and agree to the terms set out in this document and I am signing it voluntarily

Signed, Sealed and Delivered

In the presence of:

Witness Name

Volunteers Name