



The Salvation Army of Greater New York Volunteer Application

Date _____

Name _____

Email _____

SSN _____

Home Address _____ City _____ Zip _____

Home/Cell Phone (_____) _____ Time to Call _____

Occupation _____ Past Occupations _____

Education: ☐ High School ☐ College ☐ Technical School _____

Other _____ ☐ Military Service ☐ U.S. Armed Forces Branch _____

Medical Training ☐ RN ☐ LPN ☐ Red Cross: _____ Other _____

Have you been convicted of a felony in the past 7 years? ☐ Yes ☐ No
If yes, please explain _____

Previous Volunteer Experience _____

Special Skills _____

Preference of Work ☐ Children ☐ Adults ☐ Kitchen ☐ Stores ☐ Office ☐ Warehouse ☐ Music ☐ Other _____

Please check the locations where you are able to volunteer? ☐ Manhattan ☐ Brooklyn ☐ Queens ☐ Bronx ☐ Dutchess
☐ Putnam ☐ Long Island: Nassau / Suffolk ☐ Westchester ☐ Rockland ☐ Sullivan ☐ Orange ☐ Ulster ☐ Staten Island

Days of the week I can work _____

Daytime Hours _____ Evening Hours _____

Physical Limitations _____

Doctor's Name _____ Phone # (_____) _____

Emergency Contact _____ Relationship _____ Phone # (_____) _____

List three references (not relatives) we may contact:

Name _____ Phone # (_____) _____

Name _____ Phone # (_____) _____

Name _____ Phone # (_____) _____

Driver's License _____ Copy on File _____

Name of Medical/
Hospital Insurance Coverage _____ Copy on File _____

Notification: A background check is required to work with children, senior citizens, or persons with disabilities.



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STATEMENT OF VOLUNTEERS
(SALVATIONIST & NON-SALVATIONISTS)
FOR WORK WITH CHILDREN



This statement will be completed by all applicants for volunteer work for any position involving the supervision or custody of children (under 18 years of age) or for any position in which the applicant is in any way involved with children. The completion of the statement will help to assure The Salvation Army that it will provide a safe and secure environment to those children who participate in its programs and who use its facilities.

PERSONAL INFORMATION

Name _____ Email _____
Last First Middle

Present Address _____
Street & Address Number City State Zip

Home Phone (_____) _____ Cell Phone (_____) _____

Social Security No. _____

Present Church _____

Minister of the Church _____

Other churches attended regularly during the past 10 years _____

Education or training for work with children (List formal education courses and on the job training participated in, identifying the institution).

PERSONAL REFERENCES

(NOT RELATIVES)

Name _____ Name _____

Address _____ Address _____

Telephone _____ Telephone _____



All prior work with children (List the church or other organization conducting the program, the name of the immediate supervisor and, if known, the name, address, and telephone number of any individual now involved in the program.)

STATEMENT (FOR PURPOSES OF THIS STATEMENT, THE WORDS "CHILD" AND "CHILDREN" MEAN INDIVIDUALS BELOW THE AGE OF 18 YEARS.)

As the applicant described above, I do hereby represent to The Salvation Army, with the understanding that The Salvation Army will rely upon the information provided in considering my application for work with children, that the foregoing information and following statements are true:

1. In my prior volunteer work, I have never used a name other than that set forth above.
2. I understand the essential duties of my position in connection with the working with children in the programs of The Salvation Army. I am able to perform those essential job duties with no accommodation except as follows:

3. I have never been accused of abuse of a child or of actual or attempted sexual molestation of a child, either in a program for children or otherwise. If the foregoing statement is not true, please describe the circumstances of the accusation and the outcome:

4. I have never been arrested as a result of a charge of child abuse or of actual or attempted sexual molestation of a child.
5. I have never been convicted of child abuse or a crime involving actual or attempted sexual molestation of a child.
6. I authorize any of the churches or other organizations and their representatives and my personal references listed above to give to The Salvation Army any information they may have regarding my character and fitness for work with children. I release all such organizations and individuals from any liability that may result from their furnishing such information to The Salvation Army. I waive any right that I may have to inspect any records containing such information.
7. I am aware that The Salvation Army is a branch of the Christian Church and I agree that I will conduct myself in my work with children in a way that is consistent with the religious and charitable policies and principles of The Salvation Army.
8. Having provided the foregoing information and having affirmed the foregoing statements are true, I recognize that any false information or statements are punishable under the laws relating to perjury.

Applicant _____

Date _____ 20____

_____ Signature of Witness		
Name _____ Please Print		
Address _____		
City _____	State _____	Zip _____



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VOLUNTEER'S STATEMENT LIABILITY/PHOTOGRAPHIC RELEASE



I understand that The Salvation Army is a religious and charitable organization that requires the assistance of volunteers in the conduct of its various spiritual and social service programs.

It is my desire to further the work of The Salvation Army by performing services as a volunteer, specifically as a volunteer _____ . (This identifies the facility, program, or volunteer service to be rendered.)

I undertake to perform said services as a volunteer without compensation and that, in performing said services, I acknowledge that I am not acting as an employee of The Salvation Army.

I understand that as a registered volunteer, should any accident occur, I may be covered under The Salvation Army liability insurance.

I hereby give my permission to be photographed by a representative of The Salvation Army for the sole purpose of promotion of the services available at The Salvation Army. I also understand that I have the option at any time not to be photographed and not to be present if I choose.*

Volunteer Signature _____ Date _____

* If permission is NOT given to be photographed, cross out paragraph and place your initials and volunteer initials below. Note on contract page.

Volunteer Supervisor

INTERVIEW INFORMATION



Director _____

Date interviewed _____ Date accepted _____

Assignment _____ Supervisor _____

Orientation date _____ Start date _____ Evaluation date _____

Schedule _____

Termination date _____ Reason for termination _____

Interview comments _____
