



DOING THE
MOST GOOD

Miami Area Command Volunteer Application

Date of Application: _____

Area of Interest: Clerical Kitchen Food Pantry
 Disaster Services Angel Tree Other _____

.....

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone (Home): _____ Telephone (other): _____

Email Address: _____

Emergency Contact: _____ Phone: _____

.....

If you are to be seriously considered for a volunteer position with The Salvation Army, you may be asked for your authorization to run a background check and/or credit check. Would you be willing to authorize this? YES NO

(Note: checking "Yes" does not constitute authorization to run a background investigation; it only says that you would be willing to sign such authorization forms. At this time the cost of a background check is \$25.00. The Salvation Army will cover the cost of the background check.)

ABOUT YOU

What describes you best? Team Building Community Hours
 School Project Want to save the world?
 Other _____

Summarize any special training, skills, licenses, certificates to able to perform job-related functions for the area for which you are interested in: _____

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: _____

GENERAL INFORMATION

Are you below the age of 18: YES NO

Driver's License Number: _____
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.

“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 further certify that I recognize that The Salvation Army is a church and agree that I will do nothing to undermine its religious mission.”

Applicant Signature

Date

Department Head Signature

Date



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VOLUNTEER RELEASE

I, _____, understand that The Salvation Army, a religious and charitable organization, requires the assistance of volunteers in the conduct of its various spiritual and social programs as outlined in The Salvation Army, Volunteer Manual.

It is my desire to serve as a volunteer and/or accompany other volunteers to further the work of The Salvation Army.

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

I understand that I may be doing volunteer services which involve personal and confidential materials, formal or informal conversations, and/or documents, and that all such information must be treated with strict confidentiality. I will not share or discuss such matters with anyone, either inside or outside my assigned area.

Also, I understand that if I am or become a resident of any of The Salvation Army shelters, I cannot render my services as a volunteer.

As a volunteer, I hereby for myself, my heirs, executors administrators and assigns, forever indemnify, defend and hold harmless The Salvation Army and all of its officers, agents and employees, acting officially or otherwise, from any litigation, causes of action, damages, costs and expenses of every kind and character (including attorneys' fees) for, on account of death or in connection with any personal injury, damage or loss of any kind or character to person or property suffered by me as a volunteer in connection with or with regard to the rendering of service to The Salvation Army.

By signing below, I also acknowledge that The Salvation Army will not be responsible for any injury to myself or loss/damage of personal property; that my participation could involve exposure to dangerous conditions which would put my personal safety at risk and I agree to assume the risk of any injuries, including death.

I also acknowledge that I have read and agreed to the Consent to Publication and permission has been given to use my image in photographs or videos.

Print Volunteer Name

Witness Name

Volunteer Signature

Witness Signature

Address, City, State and Zip

Date

Phone Number



DOING THE MOST GOOD

POLICIES & PROCEDURES GUIDE FOR VOLUNTEERS

- 1. Projects:** All volunteers must be registered and projects must be scheduled through the Volunteer Coordinator's office. Unless you sign up for a long-term project, you must notify the Volunteer Coordinator each time you return to the same project or begin a new assignment.
- 2. Discrimination:** The Salvation Army need volunteers from all walks of life – without regard to race, ethnicity, or religious affiliation and who reflect the communities we serve.
- 3. Evaluation:** Your performance as a volunteer will be evaluated on a regular basis to determine if you are ready for more responsibilities, or if you need to decrease your workload. In addition, each quarter you will have a chance to evaluate The Salvation Army volunteer program and any positions you have held.
- 4. Confidentiality:** No names or details of residents or other clients should be discussed outside of The Salvation Army. We must protect those people we serve.
- 5. Attendance:** Honor all time commitments with prompt attendance. If you plan to be late or cannot make your project assignment, please call the Volunteer Coordinator.
- 6. Behavior:** Please exercise your best judgment in maintaining appropriate behavior for your volunteer service. Volunteers disruptive of the mission of The Salvation Army will be terminated.
- 7. Smoking Policy:** No smoking allowed inside any Salvation Army facility, including lounges and vehicles.
- 8. Drug/Alcohol Use:** No drugs or alcohol uses before or during your volunteer service.
- 9. Sexual Harassment:** The Salvation Army does not tolerate any questionable acts that are constituted as sexual harassment. Any incidents should be reported to the Volunteer Coordinator or Authorized Representative immediately. If you are accused of sexual harassment in any form, the situation will be investigated and your volunteer status will be reevaluated based on that investigation.
- 10. Termination:** Violation of these policies and procedures will be cause for termination of your service as a volunteer.
- 11. Expenses:** No reimbursement will be paid to volunteers for any reason. Any supplies required for a specific project must be coordinated through Salvation Army staff. See your project supervisor, Volunteer Coordinator or Authorized Representative

By signing this document below, I confirm that I have read and understand the eleven Policies and Procedures Guide for Volunteers with The Salvation Army.

Volunteer Name

Volunteer Signature

Date



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Parental Permission Form
(For Volunteers under 18 years of age)

Youth Volunteer's Full Name: _____

Youth Volunteer's Birth Date: _____
Month Date Year

I, _____, certify that I am the legal parent or guardian, and as such, voluntarily give my permission for my son/daughter to enroll as a Volunteer with The Salvation Army to receive all necessary instruction for his/her work as a Volunteer. My son/daughter and I agree to abide by the facility's rules and regulations as set forth in this Handbook. Furthermore, I understand that the facility is not to be held responsible in case of an accident.

Signature of Parent/Guardian: _____

Phone Number of Parent/Guardian: _____

Date Signed: _____
Month Date Year

CONFIDENTIAL

**THE SALVATION ARMY
STATEMENT OF VOLUNTEERS
(SALVATIONISTS & 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 _____
Last First Middle

Present Address _____
Number Street City State Zip

Home Phone () Cell Phone () _____

Present Church _____

Minister of the Church _____

Other Churches attended regularly during the past ten 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 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). _____*

For purposes of this Statement, the words "child" and "children" mean individuals below the age of 18 years.

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

Statement

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 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.
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 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 principals 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.

Signature _____ 20_____
Date

Signature of Witness

Name _____
Please Print

Address _____

City _____ State _____ Zip _____

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

(The remaining sections are to be completed by Salvation Army personnel)

1. All references identified above have been contacted and

There were no reports of misconduct involving children.

Misconduct involving children was reported – applicant is not approved for work with children and name has been reported to headquarters for inclusion in the Territorial Registry.

Immediate Supervising Officer

Date

2. Applicant's name has been checked in the Territorial Registry and

The applicant's name did not appear in the Territorial Registry.

The applicant's name appeared in the Territorial Registry – applicant is not approved for work with children.

Responsible Officer at THQ/DHQ/CFOT/SFOT/ARC, etc.

Date

3. Applicant's name been checked in available State databases and

There were no reports of misconduct involving children.

Misconduct involving children was reported – applicant is not approved for work with Children and name has been reported to the Secretary for Personnel for inclusion in the Territorial Registry.

Responsible Officer at THQ/DHQ/CFOT/SFOT/ARC, etc.

Date

- 4.* Prior accusations of abuse have been investigated and

There was no reasonable suspicion of abuse.

There was reasonable suspicion of abuse – applicant is not approved for work with children and name has been reported to headquarters for inclusion in the Territorial Registry.

Immediate Supervising Officer

Date

To be completed only if applicant reports an accusation in response to item # 3 of Statement.

AGREEMENT, AUTHORIZATION, AND CONSENT FOR RELEASE OF BACKGROUND INFORMATION
PLEASE TYPE OR PRINT

LAST NAME FIRST NAME MIDDLE NAME (PLEASE INCLUDE Jr., Sr., II, III Etc.)

I understand that in conjunction with my application for employment, work to be performed under contract, promotion, volunteer position, reassignment, and/or retention ("Work") **The Salvation Army - Southern Territory Headquarters** will use the services of an outside agency to research and verify the information I have provided on my application for employment including my personal background, character, professional standing, work history and qualifications. This agency will provide a written report of its findings to **The Salvation Army - Southern Territory Headquarters**. **The Salvation Army - Southern Territory Headquarters** uses **AbsoluteHire**, a consumer-reporting agency, as an agent to perform its Employment related background investigations.

AbsoluteHire will utilize various sources of information it deems appropriate including but not limited to: criminal conviction records, current and former employers, department of motor vehicle records, military records, credit reporting agencies, education records, professional and personal references and workers compensation records including any and all I agree, authorize and consent to the release and disclosure of any and all information including but not limited to the above to **The Salvation Army - Southern Territory Headquarters** and **AbsoluteHire**.

I agree, authorize and consent to the procurement of a Consumer Report and/or an Investigative Consumer Report and understand that it may contain information about my credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living. This authorization in original or copy form shall be valid for my term of Work from the date indicated next to my signature. According to the Fair Credit Reporting Act, I will be notified by **The Salvation Army - Southern Territory Headquarters** if Work is denied because of information obtained from a Consumer Reporting Agency. Additionally, I understand that if requested within 60 days, I will be given a full and accurate disclosure as to the nature and substance of all information provided to **The Salvation Army - Southern Territory Headquarters**. I further understand that I may request a copy of the report, and that when doing so, proper identification will be required and I should direct my request to: **AbsoluteHire**, 3009 Douglas Blvd, Roseville, CA 95661. I understand that residents of all states will automatically receive a copy of the report if an adverse action is taken regarding the employment application, or upon request as outlined herein.

CHECK THIS BOX IF you are applying for work with a California, Minnesota or Oklahoma based employer and you would like a copy of your Consumer Report if one is prepared in the investigation of your background. CA Codes 1785.20.5 & 1786.16(a)(5)(b)(1), MN Code 13C Subdivision 2, OK Code 24 O.S.§148

LAW ENFORCEMENT AGENCIES AND OTHER ENTITIES FOR POSITIVE IDENTIFICATION PURPOSES REQUIRE THE FOLLOWING INFORMATION WHEN CHECKING PUBLIC RECORDS. IT IS CONFIDENTIAL AND WILL NOT BE USED FOR ANY OTHER PURPOSES. PLEASE PRINT CLEARLY.

Signed _____ Today's Date _____

Name as it appears on your driver's license _____ Position Applied For _____

Social Security Number _____ Date of Birth _____ Driver's License Number _____ State _____

Other names you have used or are also known as, including maiden name, name changes and any aliases

PLEASE PROVIDE ALL RESIDENTIAL ADDRESSES FOR THE PAST 7 YEARS

Mo./Yr. / Mo./Yr.

Current Address:	_____	_____	_____	_____	_____	_____	_____	_____
	Street	Apt.#	City	State	Zip Code	From		
Former Address:	_____	_____	_____	_____	_____	From	/	To?
	Street	Apt.#	City	State	Zip Code	From	/	To?
Former Address:	_____	_____	_____	_____	_____	From	/	To?
	Street	Apt.#	City	State	Zip Code	From	/	To?
Former Address:	_____	_____	_____	_____	_____	From	/	To?
	Street	Apt.#	City	State	Zip Code	From	/	To?

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PLEASE TYPE OR PRINT

LAST NAME FIRST NAME MIDDLE NAME (PLEASE INCLUDE Jr., Sr., II, III Etc.)

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AbsoluteHire will utilize various sources of information it deems appropriate including but not limited to: criminal conviction records, current and former employers, department of motor vehicle records, military records, credit reporting agencies, education records, professional and personal references and workers compensation records including any and all I agree, authorize and consent to the release and disclosure of any and all information including but not limited to the above to **The Salvation Army - Southern Territory Headquarters** and **AbsoluteHire**.

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Signed _____ Today's Date _____

Name as it appears on your driver's license _____ Position Applied For _____

Social Security Number _____ Date of Birth _____ Driver's License Number _____ State _____

Other names you have used or are also known as, including maiden name, name changes and any aliases _____

PLEASE PROVIDE ALL RESIDENTIAL ADDRESSES FOR THE PAST 7 YEARS
 Mo./Yr. / Mo./Yr.

Current Address: _____
 Street Apt.# City State Zip Code From /

Former Address: _____
 Street Apt.# City State Zip Code From / To?

Former Address: _____
 Street Apt.# City State Zip Code From / To?

Former Address: _____
 Street Apt.# City State Zip Code From / To?

- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need -- usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to <http://www.ftc.gov/credit>
- **You may limit "prescreened" offers of credit and insurance you get based on information in your credit report.** Unsolicited "prescreened" offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.ftc.gov/credit.

States may enforce the FCRA and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. Federal enforcers are:

TYPE OF BUSINESS:	CONTACT:
Consumer reporting agencies, creditors and others not listed below	Federal Trade Commission: Consumer Response Center - FCRA Washington, DC 20580 1-877-382-4357
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 800-613-6743
Federal Reserve System members banks(except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 202-452-3693
Saving associations and federally chartered saving banks (word "Federal" or initials "F.S.B." appear in federal institution's name)	Office of Thrift Supervision Consumer Complaints Washington, DC 20552 800-842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-519-4600
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Consumer Response Center, 2345 Grand Avenue, Suite 100 Kansas City, Missouri 64108-2638 1-877-275-3342
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation Office of Financial Management Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act. 1921	Department of Agriculture Office of Deputy Administrator - GIPSA Washington, DC 20250 202-720-7051