



**The Salvation Army  
East Toronto Citadel**

107 Cedarvale Ave.  
Toronto ON M4C 4J9



**Corporate Group Name:** \_\_\_\_\_

**Address:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Date:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_

**I have participated in orientation at The Salvation Army East Toronto Citadel, and have heard, and understood the essence of the following policies. I will adhere to the following Policies while volunteering with The Salvation Army East Toronto Citadel.**

- **The Mission Statement of The Salvation Army**
- **The Confidentiality Statement of The Salvation Army**
- **The Respect in the Workplace Policy**
- **The Volunteer Work Agreement**
- **Waiver Of Liability**

**My signature on the Group Volunteer List page validates my agreement to the Policies.**

**Copies of Volunteer Manual and the above Policies available upon request.**



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**Group Volunteer Registration Form**

**Corporate Group Name:** \_\_\_\_\_

**Contact Name:** (please provide two contact persons)

Address:	_____	OR	_____
City/PC:	_____		_____
Phone:	_____		_____
Email:	_____		_____

**Group:**

# In Group: \_\_\_\_\_ Age Range: \_\_\_\_\_

Volunteer Area of Interest: \_\_\_\_\_

Date & Times Available: \_\_\_\_\_

Length Of Commitment: \_\_\_\_\_

Please provide two references that maybe contacted:

Name	Phone #	Relationship

Please complete the attached form with the names of each volunteer

I agree to be the main contact person and I accept the supervision of the above named group.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_