

## East Toronto Citadel

## **Volunteer Application/Information Form**

Name:				
Postal Code:	Telephone (H):	(C):		
Email:		Birthday: Month	Day	
In case of emergency, please contact		Relationship		
Telephone number for emergency contact (H)		(C)		
Is this a request for Scho	ol Mandated Student Hours: Yes N	o 🔲		
Length of volunteer com	mitment: Less than 6 months	More than 6 months		
Education/ Professional	Background:			
Interests/ Skills:				
Areas of interest for volu	nteering: (tick all areas of interest)			
☐ Office/ Administrative/ Clerical types duties				
☐ Food bank (Stocking shelves)				
☐ Computers (Data Entry/ Teaching/ Assisting)				
□ Serving Meals				
☐ Teaching a Life S	☐ Teaching a Life Skill			
☐ Maintenance/ R	☐ Maintenance/ Repairs			
☐ Music	□ Music			
☐ Christmas Kettle	☐ Christmas Kettles			
□ Other				
Previous volunteer exper	ience:			
What prompted you to	chose The Salvation Army for your volu	unteer service?		

## How did you hear about program? Friend Newspaper Salvation Army speaker Other Event Volunteer centre **Availability: MORNINGS AFTERNOONS EVENINGS** DAY Monday Tuesday Wednesday Thursday Friday Saturday Sunday **References:** Please supply two references other than family members (i.e Employer, friend, or clergy) Name: \_\_\_\_\_ Name: \_\_\_\_\_ Address: \_\_\_\_\_ Address: Telephone: Telephone: \_\_\_\_\_ Relationship: Relationship: \_\_\_\_\_ Agreement: If accepted as a Salvation Army Volunteer, I agree to the following: To participate in designated training sessions when provided, to help me in my volunteer assignment. To fulfil the volunteer hours agreed upon. To inform my supervisor if I am not able to meet my commitment, I understand that others depend on me. To wear required identification when on duty is required. I understand that I am responsible for all my personal belongings that I bring to the site. To maintain strict confidentiality. To provide my time and service without remuneration. To adhgere to the smoke free/ drug free environment. To support the principles of The Salvation Army and the implementation of the Misson of The Salvation Army while on duty as a volunteer. To immediately report all injuries, accidents, or other incidents to my supervisor. That as a Volunteer, I have no right or authority to represent The Salvation Army as an official spokesperson, or to make any contract or binding promise of any nature on behalf of the Organization. To give the Salvation Army permission to contact the above named reference. To agree to a police check if necessary. To provide a current driver's abstract if necessary. To sign the driver's agreement letter. **Applicant signature** Date Signature of Parent or Guardian-required for Applicants under the age of 18 Date

**Date** 

**Signature of Volunteer Coordinator or Supervisor of Volunteers**