



DOING THE
MOST GOOD™

Name: _____ Date: _____ Social Security #: _____ / _____ / _____

Address: _____

Length of time at above address: _____ Date of Birth: ____/____/____ Phone: _____

Best time to contact you at this number: _____ a.m./p.m. Alternate phone: _____

E-mail address: _____ Would you like to receive e-mails informing you of upcoming opportunities? Yes / No

Is the time you are volunteering for Court Appointed Community Service? Yes / No

If yes, explain: _____

Have you ever been employed by The Salvation Army? Yes / No

If yes, specify date, location, and position held: _____

Why did you leave: _____

How did you hear about opportunities at The Salvation Army? _____

Why do you want to volunteer for The Salvation Army: _____

Do you have your own transportation? Yes / No If use of an automobile is required, do you have one available? Yes / No Driver's license #: _____ State: ____ Expiration: ____/____/____

Emergency Contact information:

Name: _____ Relationship: _____ Phone#: _____

Address: _____

Area of interest: Boys & Girls Club Christmas Assistance Disaster Relief Special Events
Circle all that apply Emergency Shelter Office Support/Clerical Other: _____

Additional Skills: Typing Photocopying Filing Computer Skills Public Speaking
Circle all that apply Audio Visual Equipment Sign Language Sports Arts and Craft
Foreign Languages Spoken: _____

Please list any additional special skills: _____

Continued on Reverse

Education:

Last School Attended	Location	Dates Attended	Graduated (If yes, date)	Course of Study

Employment:

Most Recent Employer	Complete Address	Phone	Date of Employment	Job Description

Volunteer Experience:

Agency Name	Complete Address	Phone	Date of Service	Description of Duties

References: Please list three references who have known you at least one year.

Name	Relationship	Address & Phone	Years Known

I hereby certify that all information on this application is true and complete. I understand that any falsification of information herein, regardless of time of discovery, may cause forfeiture on my part of any volunteering of service to The Salvation Army. I understand that all information on this application is subject to verification and I consent to criminal history background checks. I also consent to references, former employers and educational institutions listed being contacted regarding this application. I further authorize The Salvation Army to rely upon and use, as it sees fit, any and all information received from such contacts.

Signature

Date

FOR OFFICE USE ONLY

Interview conducted: _____

Date(s) Available: _____ Task(s): _____

DMV Information: _____

Background Check: _____

Community Service: _____

NOTES: