



Volunteer Registration Form

Name:				Date:											
Address:				Tel:											
City:		Province:		Postal Code:											
In case of an emergency contact															
Name:			Relationship:		Telephone:										
Skills you have to offer: <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; padding: 2px;"><input type="checkbox"/> Work well with people</td> <td style="width: 50%; padding: 2px;"><input type="checkbox"/> Office procedures</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> Creative ideas</td> <td style="padding: 2px;"><input type="checkbox"/> Organizational skills</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> Computer knowledge</td> <td style="padding: 2px;"><input type="checkbox"/> Drive a vehicle</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> Other</td> <td></td> </tr> </table>								<input type="checkbox"/> Work well with people	<input type="checkbox"/> Office procedures	<input type="checkbox"/> Creative ideas	<input type="checkbox"/> Organizational skills	<input type="checkbox"/> Computer knowledge	<input type="checkbox"/> Drive a vehicle	<input type="checkbox"/> Other	
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<input type="checkbox"/> Other															
Reasons for volunteering: <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; padding: 2px;"><input type="checkbox"/> Skill/career development</td> <td style="width: 50%; padding: 2px;"><input type="checkbox"/> Learn new skills</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> Meet people</td> <td style="padding: 2px;"><input type="checkbox"/> Course credits</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> Help others</td> <td style="padding: 2px;"><input type="checkbox"/> Want to keep busy</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> Other</td> <td></td> </tr> </table>								<input type="checkbox"/> Skill/career development	<input type="checkbox"/> Learn new skills	<input type="checkbox"/> Meet people	<input type="checkbox"/> Course credits	<input type="checkbox"/> Help others	<input type="checkbox"/> Want to keep busy	<input type="checkbox"/> Other	
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<input type="checkbox"/> Other															
Previous volunteer experience															
Educational/Training background															
Employment experience															
Availability															
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday								
Morning															
Afternoon															
Evening															
Length of Volunteer Commitment <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; padding: 2px;"><input type="checkbox"/> Special event/project</td> <td style="width: 33%; padding: 2px;"><input type="checkbox"/> Less than six months</td> <td style="width: 33%; padding: 2px;"><input type="checkbox"/> More than six months</td> </tr> </table>								<input type="checkbox"/> Special event/project	<input type="checkbox"/> Less than six months	<input type="checkbox"/> More than six months					
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How did you hear about our program?															

References

Please supply two references other than family members (Employee, friend, minister, etc.):

Name:	Name:
Address:	Address:
Tel:	Tel:
Relationship:	Relationship:

Agreement:

If accepted as a Salvation Army volunteer, I agree to the following:

1. To participate in designated training sessions when provided to help in my volunteer assignment.
2. To fulfill the volunteer hours agreed upon.
3. To maintain strict confidentiality.
4. To wear required identification when on duty as required.
5. To provide my time and service without remuneration.
6. To adhere to the smoke free environment.
7. To support the principles of The Salvation Army and the implementation of the mission of The Salvation Army while on duty as a volunteer.
8. To give The Salvation Army permission to contact the above named references.
9. To agree to police check if necessary.
10. To show a driver's abstract if necessary.

Signature

Date

For office use