



## Volunteer Registration Form

PSID:

Department:

Name:  First  Last

Start Date:

Address:

Phone Number:  (  ) -

City:

Province:  Postal Code:

Gender: Male  Female

Date of Birth:   
yyyy - mm - dd

**Education:** (circle last year complete)

High School 1 2 3 4

Major Subject: \_\_\_\_\_

College 1 2 3 4 5 6

Degrees: \_\_\_\_\_

**Interest & Hobbies:** \_\_\_\_\_

**Occupation** (*Current or if retired – Former*): \_\_\_\_\_

**Employer or School** (if student): \_\_\_\_\_

Have you ever been employed or volunteered at another Salvation Army facility? Yes \_\_\_\_\_ NO \_\_\_\_\_

If **Yes** Please state Name of facility and years volunteered: \_\_\_\_\_

**Other non Salvation Army previous volunteer experience:**

**References:**

Please provide the names and telephone numbers of two (2) professional and two (2) personal references:

*Professional*

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Name: \_\_\_\_\_ Phone: \_\_\_\_\_

*Personal*

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Time Available for volunteer work:**

|      | Mon. | Tues. | Wed. | Thurs. | Fri. | Sat. | Estimated Weekly Hours |
|------|------|-------|------|--------|------|------|------------------------|
| A.M. |      |       |      |        |      |      |                        |
| P.M. |      |       |      |        |      |      |                        |

**Emergency Contact Information**

Name:

Phone Number:  (  ) -

The facts as set forth in my Volunteer Registration Form are true and complete. I understand and agree that a false statement may disqualify me from volunteer work or result in dismissal. By Signing below I have authorized The Salvation Army to conduct such reference checks as it deems necessary.

Volunteer

Date

Store Manager/Supervisor

Date