



DOING THE
MOST GOOD™

Wake County Volunteer Application

Thank you for volunteering to serve the needy citizens of Wake County alongside The Salvation Army. Without you, our mission to serve children, the working poor, homeless, and other needy individuals with food, clothing, shelter, and guidance would not be possible. We hope to serve our community and share God's word in order to accomplish our mission.

Please include all the information requested on this form for our volunteer records.

All information will be kept confidentially.

(Please Print).

Volunteer Name: _____ **Date:** _____

Phone: (H) _____ **(W)** _____ **(C)** _____

Mailing Address: _____

Email Address: _____

Are you below the age of 18? YES NO

Driver's License State of Issue: _____

Have you ever been convicted of a felony or misdemeanor that resulted in imprisonment?
(Note: A conviction will not necessarily disqualify you from volunteering)

YES NO

If yes, please explain: _____

Have you previously had any involvement (employment, volunteer experience) with The Salvation Army? YES NO

If yes, where? And in what capacity?

Current Employer (if applicable): _____

Address: _____

Do they match volunteer hours with a donation? YES NO

If unsure, please provide contact information of your employer's HR representative—

Representative's Name: _____

Phone Number: _____

Is volunteering affiliated with a specific church, company, school, or other group?

YES NO

If yes, please list the organization: _____

How many hours of service are required? _____ By when? _____

In which area are you interested in serving? _____

What are your days/hours of availability? _____

Have you ever volunteered with another organization? YES NO

If yes, how long did you volunteer, and what were your responsibilities? _____

What motivates you to volunteer? _____

Do you have any special training, skills, licenses, certificates, etc. that would be helpful in the area you are interested in serving?

Do you speak a foreign language? _____

How did you hear about The Salvation Army?

Friend Advertisement Client of Agency Website Other

If other, please specify: _____

List 2 references that can be contacted if necessary:

Name: _____ Phone: _____

Relationship to you: _____

Name: _____ Phone: _____

Relationship to you: _____

I certify that the information contained in this application is true and complete to the best of my knowledge. I authorize investigation of all statements contained in the application and understand that any false or misleading statements or material omissions are cause for termination of my position.

I further certify that I recognize that The Salvation Army is a church and agree that I will do nothing to undermine its religious mission.

(Printed Name)

(Signature)

(Date Signed)

For Official Use Only

Date Interviewed _____

Volunteer Position _____

Orientation Date _____

Supervisor _____

Start Date _____

Interview Comments: