



**The Salvation Army**  
**North & South Carolina Division**  
**Volunteer Application**

Date of Application: \_\_\_\_\_

-----  
Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone (Home): \_\_\_\_\_ Telephone (other): \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

**PLEASE NOTE:**

This form is designed for Applicants requesting to volunteer for various positions: clerical, technical, administrative, etc. Please include all information requested. Answer questions to the best of your ability. All information will be treated confidentially.

Electronic employment application available on-line at  
[www.salvationarmycareers.org](http://www.salvationarmycareers.org)

**AN EQUAL OPPORTUNITY EMPLOYER**

If you are to be seriously considered for a volunteer position with The Salvation Army, you may be asked for your authorization to run a background check and/or credit check. Would you be willing to authorize this?  YES  NO

(Note: checking "Yes" does not constitute authorization to run a background investigation; it only says that you would be willing to sign such authorization forms.)

## TYPE OF VOLUNTEER WORK

Indicate the position in which you are applying: \_\_\_\_\_

Do you have any commitments to another company that might affect your volunteer work with us, including confidentiality, non-disclosure or non-competition agreements?  YES  NO

If yes, please explain: \_\_\_\_\_

---

## SKILLS AND QUALIFICATIONS

Summarize any special training, skills, licenses, certificates and/or characteristics of yourself that might qualify you as being able to perform job-related functions for the position for which you are applying:

---

## GENERAL INFORMATION

Are you below the age of 18:  YES  NO

Driver's License State of Issue: \_\_\_\_\_

Have you ever been convicted of a **felony**  YES  NO

Within the last two years, have you been convicted of a **misdemeanor that resulted in imprisonment**?  YES  NO

If yes to **either**, please explain: \_\_\_\_\_

---

(Note: A conviction will not necessarily disqualify you from the job requested)

---

Have you previously applied for employment here?  YES  NO

If yes, when? \_\_\_\_\_

Have you previously been employed by The Salvation Army?  YES  NO

If yes, where? \_\_\_\_\_

## REFERENCES

List the names and telephone numbers of four references not related to you.

Name	Telephone	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please include any other information you think would be helpful to us. This information could include additional work experience, articles published, accomplishments, etc.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

"I certify that the information contained in this application is true and complete. I authorize investigation of all statements contained in this application and understand that any false or misleading statements or material omissions are cause for my inability to volunteer on behalf of The Salvation Army. I hereby authorize former and present employers/volunteer organizations, except as I have otherwise indicated on this application, as well as physician, references and other sources to provide or verify any information that they may have regarding me, my employment and/or volunteer service with them to The Salvation Army and release them from any liability arising from the furnishing of any employment/volunteer information."

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."

\_\_\_\_\_  
*Applicant Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Department Head Signature*

\_\_\_\_\_  
*Date*

# Volunteer Reference Form



**Let the reference know that "all information given will not be released to unauthorized persons."**

Applicant Name

---

Reference Contact Name

---

Organization

---

Contact Date

---

Person Contacting the Reference

---

Method of Contact  phone  letter  personal conversation  e-mail

## Reference Questions

How do you know the applicant? How long have you known him or her?

---

---

---

---

Would you recommend this applicant for a position of trust supervising youth and children? Why or why not?

---

---

---

---

At this point, ask any relevant and legal questions that are appropriate to the situation, such as specific duties, length of employment, strengths and weaknesses when dealing with young people, etc.

**Is there anything else we should know about this person before putting him/her in a position of trust with youth and children?**

---

---



# Volunteer Application – Children and Youth Worker

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Note: This form is to be completed by all applicants for any volunteer position involving supervision or custody of minors. This application is used by \_\_\_\_\_ to help promote a safe environment for the children and youth who participate in our programs or use our facilities.

Any applicant who has ever been convicted of child sexual abuse, physical abuse, or domestic violence should not volunteer service in any activity or program for children or youth. Applicants with criminal records of other types will be evaluated at the discretion of the officer/administrator in charge.

Any applicant who is a survivor of childhood sexual or physical abuse needs the love and acceptance of the

\_\_\_\_\_ family. Applicants who have such a history should discuss their desire to work with minors with the \_\_\_\_\_ or appropriate officer/administrator prior to any participation in a program serving minors.

All applicants for positions involving services to minors must study and agree to obey the guidelines that are provided for their program and position within the unit.

**Please answer each question.**

Consistent with relevant law, the information on this application will not be disclosed to unauthorized persons.

Date: \_\_\_\_\_

Territorial Registry  
Approval Number \_\_\_\_\_

(For office use only)

**Applicant Identification**

Name

\_\_\_\_\_

Last	First	Middle
------	-------	--------

Have you used any other names?  Yes  No If yes, please list complete name and dates of use on the reverse side of this application.

**Present Address**

\_\_\_\_\_

Street	City	State	Zip
--------	------	-------	-----

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Work Phone  
(\_\_\_\_\_) \_\_\_\_\_

Social Security # \_\_\_\_\_

Driver's License \_\_\_\_\_

Appl. Initials \_\_\_\_\_

What age of children/youth work do you prefer?

---

Please answer each question. You may use the back of this paper for explanations or you may attach extra pages. The information on this application will not be disclosed to unauthorized persons.

- Yes No  
Y N  
and
- As a Salvation Army worker (employee or volunteer), do you agree to observe all guidelines policies regarding working with youth or children?
  - Have you ever been convicted of a felony?
  - Within the last two years, have you been convicted of a misdemeanor which resulted in imprisonment/jail?  
  
Note: A conviction will not necessarily disqualify you from employment. The applicant should not disclose any information regarding criminal arrest or conviction records that have been expunged or sealed.
  - Have you ever been subjected to expulsion, reprimand, or other discipline by a corps, church, denomination, or other religious organization for abuse or misconduct involving children?  
  
If yes, please describe the circumstances and provide the name and address of the corps, church, denomination, or religious organization with which you were associated at the time of the incident.
  - Have you ever been disciplined or dismissed from employment or a volunteer position by employer, including charitable and religious organizations, following an allegation of sexual misconduct, sexual harassment, or other immoral or inappropriate behavior or conduct?  
  
If yes, please describe the circumstances and provide the name and address of the employer.
  - Have you ever been the subject of a complaint or disciplinary proceeding against a license or other license held by you including, but not limited to, a license to provide child care or similar services?

Name of unit of which you are (check one): \_\_\_\_\_

- a member currently       most recently       I have never been a member of The Salvation Army.

If a member of \_\_\_\_\_, how long have you been attending \_\_\_\_\_ ? \_\_\_\_\_

List other corps or churches you have attended over the last five years:

Church Name	Area Code and Phone Number	Contact Person	Approx. Years Attended
-------------	----------------------------	----------------	------------------------

Appl. Initials \_\_\_\_\_

			to _____
			to _____
			to _____

List previous work (corps/church and non-church) involving children or youth. Use a separate sheet of paper if needed.

Organization	Type of Work	Contact Person/ Supervisor	Area Code and Phone Number

List gifts, callings, training, education, or other factors that may have prepared you for work with children and youth. Use a separate sheet of paper if needed.

---



---



---

**Employment History**

Begin with most recent employer. Attach additional sheet if needed.

Employer Name	Supervisor's Name and Phone Number	Dates of Employment	Title & Duties	Reasons for Leaving

Appl. Initials \_\_\_\_\_

Please describe your activities during any gaps in employment in excess of three months. Do not include leave or time off due to illness or medical treatment.

---

---

---

## **Applicant's Statement**

I hereby authorize all employers, organizations, churches, and other entities and persons identified in this form to release any information contained in their files or records concerning me.

In consideration of the receipt and evaluation of this application by The Salvation Army, I hereby release The Salvation Army and any individual, church, youth organization, charity, employer, reference, or any other person or organization, including record custodians, both collectively and individually, from any and all liability for damages of whatever kind or nature which may at any time result to me, my heirs, or family, on account of compliance or any attempts to comply, with this authorization. I waive any right that I may have to inspect any information provided about me by any person or organization identified by me in this application. I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENTS THEREOF, AND I SIGN THIS RELEASE AS MY OWN FREE ACT.

I understand and agree that it is critical to the mission and ministry of The Salvation Army that all employees and volunteers conform to the highest standards of safety, interpersonal conduct, and sexual morality. I affirm that I will strictly comply with unit name's youth ministry policies and procedures, including those concerning child safety and protection, sexual abuse and misconduct, and interpersonal relationships. I understand and agree that failure by me to abide by such policies and procedures may result in my immediate dismissal, or disciplinary action, all in the discretion of The Salvation Army.

My responses above are truthful and accurate. I understand and agree that if they are not truthful and accurate, \_\_\_\_\_ may determine that I am no longer qualified to be associated with its programs as an employee, volunteer, or in any other capacity.

Applicant's Signature \_\_\_\_\_  
Date \_\_\_\_\_

Print Name \_\_\_\_\_

Witness \_\_\_\_\_  
Date \_\_\_\_\_

*To be witnessed by a staff member*

Appl. Initials \_\_\_\_\_



**Location Code:** \_\_\_\_\_

**AGREEMENT, AUTHORIZATION, AND CONSENT FOR RELEASE OF BACKGROUND INFORMATION**

PLEASE TYPE OR PRINT

I, \_\_\_\_\_  
LAST NAME FIRST NAME MIDDLE NAME (PLEASE INCLUDE Jr., Sr., II, III Etc.)

understand that in conjunction with my application for employment, work to be performed under contract, promotion, volunteer position, reassignment, and/or retention ("Work"), The Salvation Army will use the services of an outside agency to research and verify the information I have provided on my application for employment including my personal background, character, professional standing, work history and qualifications. This agency will provide a written report of its findings to The Salvation Army. The Salvation Army uses AbsoluteHire, a consumer-reporting agency, as an agent to perform its Employment related background investigations.

AbsoluteHire will utilize various sources of information it deems appropriate including but not limited to: criminal conviction records, current and former employers, department of motor vehicle records, military records, credit reporting agencies, education records, professional and personal references and workers compensation records including any and all injuries in compliance with the Americans with Disabilities Act. I agree, authorize and consent to the release and disclosure of any and all information including but not limited to the above to The Salvation Army, and AbsoluteHire.

I agree, authorize and consent to the procurement of a Consumer Report and/or an Investigative Consumer Report and understand that it may contain information about my credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living. This authorization in original or copy form shall be valid for my term of Work from the date indicated next to my signature. According to the Fair Credit Reporting Act, I will be notified by The Salvation Army if Work is denied because of information obtained from a Consumer Reporting Agency. Additionally, I understand that if requested within 60 days, I will be given a full and accurate disclosure as to the nature and substance of all information provided to The Salvation Army. I further understand that I may request a copy of the report, and that when doing so, proper identification will be required and I should direct my request to: AbsoluteHire, 3009 Douglas Blvd., 3<sup>rd</sup> Floor, Roseville, CA 95661. I understand that residents of all states will automatically receive a copy of the report if an adverse action is taken regarding the employment application, or upon request as outlined herein.

CHECK THIS BOX IF you are applying for work with a California, Minnesota or Oklahoma based employer and you would like a copy of your Consumer Report if one is prepared in the investigation of your background. CA Codes 1785.20.5 & 1786.16(a)(5)(b)(1), MN Code 13C Subdivision 2, OK Code 24 O.S. §148

**LAW ENFORCEMENT AGENCIES AND OTHER ENTITIES FOR POSITIVE IDENTIFICATION PURPOSES REQUIRE THE FOLLOWING INFORMATION WHEN CHECKING PUBLIC RECORDS. IT IS CONFIDENTIAL AND WILL NOT BE USED FOR ANY OTHER PURPOSES. PLEASE PRINT CLEARLY.**

Signed \_\_\_\_\_ Today's Date \_\_\_\_\_  
Name as it appears on your driver's license \_\_\_\_\_ Position Applied For \_\_\_\_\_  
Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_ Driver's License Number \_\_\_\_\_ State \_\_\_\_\_

Other names you have used, or are also known as, including maiden name, name changes and any aliases:

**PLEASE PROVIDE ALL RESIDENTIAL ADDRESSES FOR THE PAST 7 YEARS**

Mo./Yr. / Mo./Yr

Current Address:	Street	Apt.#	City	State	Zip Code	From / To?
Former Address:	Street	Apt.#	City	State	Zip Code	From / To?
Former Address:	Street	Apt.#	City	State	Zip Code	From / To?
Former Address:	Street	Apt.#	City	State	Zip Code	From / To?

*Para informacion en espanol, visite [www.ftc.gov/credit](http://www.ftc.gov/credit) o escribe a la FTC Consumer Response Center, Room 130-A 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.*

### **A Summary of Your Rights Under the Fair Credit Reporting Act**

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. For more information, including information about additional rights, go to [www.ftc.gov/credit](http://www.ftc.gov/credit) or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.

- G **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- G **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
  - G a person has taken adverse action against you because of information in your credit report;
  - G you are the victim of identify theft and place a fraud alert in your file;
  - G your file contains inaccurate information as a result of fraud;
  - G you are on public assistance;
  - G you are unemployed but expect to apply for employment within 60 days.In addition, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See [www.ftc.gov/credit](http://www.ftc.gov/credit) for additional information.
- G **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- G **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See [www.ftc.gov/credit](http://www.ftc.gov/credit) for an explanation of dispute procedures.
- G **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.

- G **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- G **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- G **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to [www.ftc.gov/credit](http://www.ftc.gov/credit).
- G **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).
- G **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- G **Identity theft victims and active duty military personnel have additional rights.** For more information, visit [www.ftc.gov/credit](http://www.ftc.gov/credit).

**States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. Federal enforcers are:**

<b>TYPE OF BUSINESS:</b>	<b>CONTACT:</b>
Consumer reporting agencies, creditors and others not listed below	Federal Trade Commission: Consumer Response Center - FCRA Washington, DC 20580 1-877-382-4357
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 202-452-3693
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)	Office of Thrift Supervision Consumer Complaints Washington, DC 20552 800-842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-519-4600
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Consumer Response Center, 2345 Grand Avenue, Suite 100 Kansas City, Missouri 64108-2638 1-877-275-3342
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation, Office of Financial Management Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator - GIPSA Washington, DC 20250 202-720-7051