



Giving Hope Today

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							
<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							
Reasons for volunteering							
<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							
Previous volunteer experience							
Educational/Training background							
Employment experience							
Availability							
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							
Length of Volunteer Commitment							
<input type="checkbox"/> Special event/project							
<input type="checkbox"/> Less than six months							
<input type="checkbox"/> More than six months							
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



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SALVATION ARMY VOLUNTEER PROGRAM

Haven of Hope Ministries

WAIVER OF LIABILITY

The Salvation Army agrees to treat all volunteers with dignity and respect, having due regard for their personal safety and their personal property while they are serving as volunteers.

To that end, The Salvation Army will take reasonable steps necessary to ensure a safe and secure working environment for all individuals, including volunteers.

While volunteers will not knowingly be placed in unsafe situations or exposed to unnecessary risk, it is recognized that accidents or losses occasionally happen which cannot be attributed to any fault on the part of any one individual or organization.

The purpose of this document is to release The Salvation Army from liability for accidents, injuries, losses and damage which may occur in the course of providing volunteer services, where such accidents, injuries, losses or damage are not caused by negligent acts or omissions on the part of The Salvation Army.

As a volunteer participant in the delivery of Salvation Army programs and services, I agree to the following:

1. The Salvation Army will not be required to compensate me for any harm or loss suffered as a result of my participation in the provision of volunteer services, whether that be harm such as illness, injury or death, or loss of or damage to personal property unless such harm or loss is caused by negligent acts or omissions on the part of The Salvation Army or those for whom it is legally responsible.
2. I relinquish any right I might have to claim compensation from The Salvation Army for any harm or loss suffered by me in connection with the provision of volunteer services except if such harm is caused by negligent acts or omissions of The Salvation Army or those for whom it is legally responsible.
3. Any reference to The Salvation Army in this document shall include The Salvation Army Canada and Bermuda Territory, The Governing Council of The Salvation Army in Canada, and all associated charities, divisions and unincorporated associations, as well as all officers, employees and volunteers of any of them.

I fully understand and agree to the terms set out in this document and I am signing it voluntarily.

SIGNED, SEALED AND DELIVERED
in the presence of:

Witness' Name:

Volunteer's Name: