The Salvation Army of Greater Charlotte
Volunteer Application Packet

Date of Application: ____________________________________
Name:__________________________________________________________
Email:__________________________________________________________
Group/ Organization/Church:________________________________________

**STOP**
Are you a High School Student? If so, please call Sarah Gamble for volunteer community service opportunities. Phone: 704-714-4736 Email: Sarah.Gamble@uss.salvationarmy.org

Volunteer Opportunities Available:
Center of Hope Meal Service- Monday - Sunday Breakfast, Lunch & Dinner
Boys & Girls Club Afterschool Programs - Monday- Friday 3-6pm

Desired Volunteer Location:

☐ Belmont Boys & Girls Club  ☐ Salvation Army Temple Corps
☐ Dwight Howard Boys & Girls Club  ☐ Salvation Army Belmont Corps
☐ Center of Hope Boys & Girls Club  ☐ Milton Road Boys & Girls Club
☐ Marsh Road Boys & Girls Club  ☐ Center of Hope Women & Children’s Shelter
☐ Union County Boys & Girls Club  ☐ Dillehay Boys & Girls Club
☐  ☐ Emergency Disaster Services

Have you spoken to the Program Director of the desired location yet? ☐ YES ☐ NO

Please print legibly in black or blue pen.
All application information will be kept confidential.
Social Security numbers are required for the background check but will be stored in a secure location.

Please mail to:
The Salvation Army
Director of Volunteers
P.O. Box 31128, Charlotte, NC 28231
or
Fax to: (704) 295-4922
4015 Stuart Andrew Blvd, Charlotte, NC 28217
(704) 714-4736 • www.salvationarmycharlotte.org
Attention: Sarah Gamble
Volunteer Interest Form

Name: ________________________________

Phone: _______________________   Email: ______________________________

1. How often are you interested in volunteering?

Please circle your answer.

A) Multiple times a week
B) Once a week
C) Once a month
D) I have required hours for school and I am looking to volunteer to meet a requirement.

If you answered D, please list how many hours you need to meet your requirement: __________

2. What would your availability be to volunteer?

Please circle your answer.

A) Monday- Friday during the day
B) Monday- Friday during the evenings
C) Weekends only
D) Other- Please specify: ______________________________________________________

3. Please rank the below statements from highest to lowest with the highest number being the most interested

6, 5, 4, 3, 2, 1.

_____ I enjoy helping children and youth with homework and after school activities.
_____ I enjoy engaging single mothers and families by serving meals.
_____ I would be interested in helping serve food to families in need during an emergency disaster.
_____ I enjoy helping in an office environment with administrative tasks.
_____ I enjoy helping with one-time events.
_____ I enjoy giving back to my community during the Christmas season.

NOTICE: The Salvation Army has the right to deny a volunteer request if we believe there is a conflict of interest, failed background check, or for any other reason that is not listed.
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 The Salvation Army of Greater Charlotte 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 Salvation Army of Greater Charlotte family. Applicants who have such a history should discuss their desire to work with minors with the Volunteer Coordinator 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  1. As a Salvation Army worker (employee or volunteer), do you agree to observe all guidelines and policies regarding working with youth or children?

Y   N  2. Have you ever been convicted of a felony?

Y   N  3. 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.

Y   N  4. 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.

Y   N  5. Have you ever been disciplined or dismissed from employment or a volunteer position by any 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.

Y   N  6. Have you ever been the subject of a complaint or disciplinary proceeding against a professional 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 below): ________________________________

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

If a member of The Salvation Army, how long have you been attending? ________________________________

Appl. Initials ________________________________
List other corps or churches you have attended over the last five years:

<table>
<thead>
<tr>
<th>Church Name</th>
<th>Area Code and Phone Number</th>
<th>Contact Person</th>
<th>Approx. Years Attended</th>
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List previous work (corps/church and non-church) involving children or youth. Use a separate sheet of paper if necessary.

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<thead>
<tr>
<th>Organization</th>
<th>Type of Work</th>
<th>Contact Person/Supervisor</th>
<th>Area Code and Phone Number</th>
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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 necessary.

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

<table>
<thead>
<tr>
<th>Employer Name</th>
<th>Supervisor’s Name And Phone Number</th>
<th>Dates of Employment</th>
<th>Title &amp; Duties</th>
<th>Reasons for Leaving</th>
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Please describe your activities during any gaps in employment in excess of three months. Do not include leave time 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 The Salvation Army of Greater Charlotte’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, The Salvation Army of Charlotte 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

App. Initials ____________
Additional Notice

The Salvation Army of Greater Charlotte reserves the right to exit an individual volunteer, or volunteer group at any given time if as an organization we believe that one of the below items could be in violation of our policies.

**Risk to Children**
Volunteer(s) shows inappropriate behavior, makes child / children, or staff feel unconformable. Volunteer tries initiate any form of touch that could be considered inappropriate by staff. Volunteer shows special interest in one particular child that could be considered grooming behavior.

**Conflict of Spiritual Doctrine**
The Salvation Army is apart of the universal Christian Church. As a church we reserve the right to ensure that all events, programs or speaking engagements do not conflict with our church doctrine. Clients in our facilities should always be served with dignity and respect without discrimination.

**Other Reasons Non descriptive:**
As a large human services organization, we reserve the right to exit a volunteer or a volunteer group if we feel that in addition to the above reasons the volunteer(s) might not be the best match for our facilities or clients, this can include but is not limited to, volunteer consistency, program content, volunteer behavior, or staff concerns.

I understand that The Salvation Army of Greater Charlotte can release me as a volunteer at any given time based off of the above information.

Print Name: __________________________ Date: __________

Signature: ____________________________
Each Volunteer background check on average costs The Salvation Army $25.00.

A $25.00 donation to cover the cost of your background check will continue to help provide much needed supplies and program support to The Salvation Army Center of Hope Women and Children’s Shelter, and the 7 area Boys & Girls Club locations.

_____ Yes, I would like to cover the cost of my background check with a one time donation.

Payment Information

Credit Card Information

☐ AMEX  ☐ Discover  ☐ Master Card  ☐ Visa

Name on Card: ________________________________________________________________

Card Number: ________________________________________________________________

Total: $___________  Expiration Date: _______  CVV Code:_______

Address: _________________________________________________________________

Email: _________________________________________________________________

Signature: _______________________________________________________________