



DOING THE MOST GOOD™

The Salvation Army of Greater Charlotte
Volunteer Application Packet

Date of Application: _____

Name: _____

Email: _____

Group/Organization/Church: _____

Desired Volunteer Location:

- | | | |
|--|--|--|
| <input type="checkbox"/> Belmont Community Center | <input type="checkbox"/> Belmont Boys & Girls Club | <input type="checkbox"/> Booth Garden Senior Living |
| <input type="checkbox"/> Boulevard Homes Boys & Girls Club | <input type="checkbox"/> Center of Hope Boys & Girls Club | <input type="checkbox"/> Milton Road Boys & Girls Club |
| <input type="checkbox"/> Davidson Boys & Girls Club | <input type="checkbox"/> Marsh Road Boys & Girls Club | <input type="checkbox"/> Administrative Office |
| <input type="checkbox"/> 614 Neighborhood Outreach | <input type="checkbox"/> Center of Hope Women & Children's Shelter | |

Have you had spoken with the program director of desired volunteer location? 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
Volunteer Services
P.O. Box 31128, Charlotte, NC 28231**
or
Fax to: **(704) 295-4922**



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
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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
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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:

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

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

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 necessary.

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 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

Appl. Initials _____