



DOING THE MOST GOOD™

VOLUNTEER INDIVIDUAL APPLICATION

The Salvation Army City State Date

Email

Name SSN

Home Address City Zip

Home Phone () Time to Call

Cell Phone () Work Phone ()

Business Address City Zip

Marital Status: Married Widow /Widower Single Divorced

Occupation Past Occupations

Education High School College Technical School

Other Military Service U.S. Armed Forces Branch

Medical Training RN LPN Red Cross: Other

Previous Volunteer Experience

Special Skills

Preference of Work Children Adults Kitchen Stores Office Warehouse Music Other

Days of the week I can work

Daytime Hours Evening Hours

Physical Limitations

Do you use tobacco? Drugs? Alcoholic Beverages? Medication?

Doctor's Name Phone # ()

Emergency Contact Relationship Phone # ()

List three references (not relatives) we may contact:

Name Phone # ()

Name Phone # ()

Name Phone # ()

Driver's License Copy on File

Name of Medical/Hospital

Insurance Coverage Copy on File

Notification: A background check is required to work with children, senior citizens, or persons with disabilities.