

# REGISTRATION FORM

Tidewater Area Command volunteer



FOR OFFICE USE ONLY:

PROGRAM/EVENT: \_\_\_\_\_  
DATE RCV'D: \_\_\_\_\_  
RCV'D BY: \_\_\_\_\_  
DATABASE ID #: \_\_\_\_\_

NAME: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ ALT. PHONE: \_\_\_\_\_

FAX: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

EMERGENCY CONTACT / phone #: \_\_\_\_\_

\* Are you participating with a group?  Yes  No Group Name: \_\_\_\_\_

How did you hear about this volunteer opportunity? : \_\_\_\_\_  
(ie: media – newspaper, television, radio \* friend \* special event \* group participation)

Have you volunteered with The Salvation Army before? **Y** **N**  
When: \_\_\_\_\_ Where: \_\_\_\_\_ What position: \_\_\_\_\_

Special skills / licenses or applicable certifications: \_\_\_\_\_

(IE: COMPUTER EXPERIENCE, ADMINISTRATIVE TALENTS, CDL WITH PASSENGER ENDORSEMENT, RN)

Do you require a letter for verification of your hours at the end of your service?  Yes  No

Are your hours required as part of a community service (school, church, court appointed) program?  Yes  No  
Program name: \_\_\_\_\_ # of hours required \_\_\_\_\_ by when: \_\_\_\_\_

Are you currently a recipient of social services through The Salvation Army?  Yes  No

**IF YOU ARE INTERESTED IN ADDITIONAL VOLUNTEER OPPORTUNITIES, PLEASE PROVIDE US WITH THE FOLLOWING:**

**GENERAL AVAILABILITY:**

DAYS: M T W TH F SA SU  
HOURS WEEKDAY: \_\_\_\_\_ HOURS WEEKEND: \_\_\_\_\_

**AREAS OF FUTURE INTEREST:**

**SUPPORT:**

Marketing & PR  
Administration  
Facilities / maintenance

**RESOURCE RAISING:**

Kettles  
Christmas bears, stockings, or angels  
Mail appeals / referrals

**PROGRAMMING**

Disaster teams  
Mobile feeding  
Social Services

**\* NOTE:** Group members must print names, sign initials, and supply age on back of this form as proof of understanding of waiver of liability. **Group leader's signature below signifies understanding of waiver of liability and publicity release for entire group.**

I/we understand that the nature of the volunteer activities typically performed by The Salvation Army volunteers and which may be performed by me/my child/ or my group as Salvation Army VOLUNTEERS may involve physical activity, contact with unidentified and unfamiliar persons, travel to and from various unspecified locations and other potential risks of injury. Knowing this I/we still wish to volunteer and hereby assume the risk with respect to any liability of The Salvation Army for such risks of any accident or injury to person or property which I /we may sustain in connection with my/our participation as a Salvation Army volunteer or in any Salvation Army related activity. In addition, I hereby release and discharge The Salvation Army and any of its directors, officers, employees, partners, affiliates, agent and successors from any and all liability or responsibility for any such accident or injury. Understanding that The Salvation Army is an organization involved with child care and related matters I/we hereby affirm that I/we have never been convicted of a violent crime, child abuse or neglect, child pornography, child abduction, kidnapping, rape, or any sexual offense, nor have I/we ever been ordered by a court to receive psychiatric or psychological treatment in connection therewith. I/we also give The Salvation Army permission to use my/our name and photograph on its website, newsletter, and other publicity pieces unless otherwise noted.

Signature of individual or group leader over the age of 18: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent or guardian for children under the age of 18: \_\_\_\_\_