

VOLUNTEER CHECKLIST

Volunteer Name _____

Location _____

The volunteer manager should use this checklist to assure that all the proper paperwork is completed. Upon completion, forward the checklist along with the proper paperwork to Divisional Headquarters Human Resources Department.

- Volunteer Information Sheet
- MVR Report and Drivers Questionnaire (**Drivers Only**)
- Consent For Release of Background Information (if under 18 must be minor consent form)
- Statement of Volunteer to Work with Minors (Call references on pg. 1 & comp. pg. 3, item #1-check appro. box, sign and date)
- Photo Release Form



The Salvation Army
Arkansas- Oklahoma Division
Volunteer Application

Location Name: _____

Date of Application: _____

.....

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone (Home): _____ Telephone (other): _____

City, State, Zip: _____

Email Address: _____

.....

PLEASE NOTE:

This form is designed for Applicants requesting to volunteer for various positions: clerical, technical, administrative, etc. Please include all information requested. Answer questions to the best of your ability. All information will be treated confidentially.

Electronic employment application available on-line at
www.salvationarmycareers.org

AN EQUAL OPPORTUNITY EMPLOYER

If you are to be seriously considered for a volunteer position with The Salvation Army, you may be asked for your authorization to run a background check and/or credit check. Would you be willing to authorize this? YES NO

(Note: checking "Yes" does not constitute authorization to run a background investigation; it only says that you would be willing to sign such authorization forms.)

TYPE OF VOLUNTEER WORK

Indicate the position in which you are applying: _____

Do you have any commitments to another company that might affect your volunteer work with us, including confidentiality, non-disclosure or non-competition agreements? YES NO

If yes, please explain: _____

SKILLS AND QUALIFICATIONS

Summarize any special training, skills, licenses, certificates and/or characteristics of yourself that might qualify you as being able to perform job-related functions for the position for which you are applying:

GENERAL INFORMATION

Are you below the age of 18: YES NO

Driver's License State of Issue: _____

Have you ever been convicted of a **felony** YES NO

Within the last two years, have you been convicted of a **misdemeanor that resulted in imprisonment?** YES NO

If yes to **either**, please explain: _____

(Note: A conviction will not necessarily disqualify you from the job requested)

Have you previously applied for employment here? YES NO

If yes, when? _____

Have you previously been employed by The Salvation Army? YES NO

If yes, where? _____

REFERENCES

List the names and telephone numbers of four references not related to you.

Name	Telephone	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please include any other information you think would be helpful to us. This information could include additional work experience, articles published, accomplishments, etc.

“I certify that the information contained in this application is true and complete. I authorize investigation of all statements contained in this application and understand that any false or misleading statements or material omissions are cause for my inability to volunteer on behalf of The Salvation Army. I hereby authorize former and present employers/volunteer organizations, except as I have otherwise indicated on this application, as well as physician, references and other sources to provide or verify any information that they may have regarding me, my employment and/or volunteer service with them to The Salvation Army and release them from any liability arising from the furnishing of any employment/volunteer information.”

I further certify that I recognize that The Salvation Army is a church and agree that I will do nothing to undermine its religious mission.”

Applicant Signature

Date

Department Head Signature

Date

THE SALVATION ARMY – SOUTHERN TERRITORY MOTOR VEHICLE REPORT REQUEST FORM

Note: To be completed for all drivers of Salvation Army vehicles or anyone that drives a personal vehicle for Salvation Army business.

Please complete the data below and send to your command.

Must be legible – please type or print.

Unit: _____	Location Code # _____
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Officer Cadet Employee Child of Officer Volunteer

Driver's Name:

LastFirstMiddle

SS#: _____ - _____ - _____ Date of Birth: ___ / ___ / _____ Sex: _____

Driver's License #: _____ Date of Issue: ___ / ___ / _____

State of Issue: _____

If recently issued or moved, driver's license # from previous state or residence:

Driver's License #: _____ State of Issue: _____

I understand that the privilege to drive on behalf of The Salvation Army is dependent on my ability to qualify and remain a qualified driver according to Salvation Army standards outlined in the "Driver Qualification Manual" and that if driving is a requirement of my employment (If an employee), should I become disqualified, I might be terminated as an employee.

I, the undersigned, hereby authorize Chesterfield Services, Inc. to release to The Salvation Army any and all information contained in a Motor Vehicle Report, on file under the above name and driver's license number(s). I, the undersigned, further agree to notify The Salvation Army immediately if my driver's license is revoked or suspended at anytime during my employment/internship/placement with The Salvation Army.

Driver's Signature: _____ Date: _____

Unit Head Signature: _____ Date: _____

AGREEMENT, AUTHORIZATION, AND CONSENT FOR RELEASE OF BACKGROUND INFORMATION

PLEASE TYPE OR PRINT

I, _____
 LAST NAME FIRST NAME MIDDLE NAME (PLEASE INCLUDE Jr., Sr., II, III Etc.)

understand that in conjunction with my application for employment, work to be performed under contract, promotion, volunteer position, reassignment, and/or retention ("Work"), The Salvation Army will use the services of an outside agency to research and verify the information I have provided on my application for employment including my personal background, character, professional standing, work history and qualifications. This agency will provide a written report of its findings to The Salvation Army. The Salvation Army uses AbsoluteHire, a consumer-reporting agency, as an agent to perform its Employment related background investigations.

AbsoluteHire will utilize various sources of information it deems appropriate including but not limited to: criminal conviction records, current and former employers, department of motor vehicle records, military records, credit reporting agencies, education records, professional and personal references and workers compensation records including any and all injuries in compliance with the Americans with Disabilities Act. I agree, authorize and consent to the release and disclosure of any and all information including but not limited to the above to The Salvation Army, and AbsoluteHire.

I agree, authorize and consent to the procurement of a Consumer Report and/or an Investigative Consumer Report and understand that it may contain information about my credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living. This authorization in original or copy form shall be valid for my term of Work from the date indicated next to my signature. According to the Fair Credit Reporting Act, I will be notified by The Salvation Army if Work is denied because of information obtained from a Consumer Reporting Agency. Additionally, I understand that if requested within 60 days, I will be given a full and accurate disclosure as to the nature and substance of all information provided to The Salvation Army. I further understand that I may request a copy of the report, and that when doing so, proper identification will be required and I should direct my request to: AbsoluteHire, 3009 Douglas Blvd., 3rd Floor, Roseville, CA 95661. I understand that residents of all states will automatically receive a copy of the report if an adverse action is taken regarding the employment application, or upon request as outlined herein.

CHECK THIS BOX IF you are applying for work with a California, Minnesota or Oklahoma based employer and you would like a copy of your Consumer Report if one is prepared in the investigation of your background. CA Codes 1785.20.5 & 1786.16(a)(5)(b)(1), MN Code 13C Subdivision 2, OK Code 24 O.S. §148

LAW ENFORCEMENT AGENCIES AND OTHER ENTITIES FOR POSITIVE IDENTIFICATION PURPOSES REQUIRE THE FOLLOWING INFORMATION WHEN CHECKING PUBLIC RECORDS. IT IS CONFIDENTIAL AND WILL NOT BE USED FOR ANY OTHER PURPOSES. PLEASE PRINT CLEARLY.

Signed _____ Today's Date _____
 Name as it appears on your driver's license _____ Position Applied For _____
 Social Security Number: _____ / _____ / _____ Date of Birth _____ Driver's License Number _____ State _____

Other names you have used, or are also known as, including maiden name, name changes and any aliases: _____

PLEASE PROVIDE ALL RESIDENTIAL ADDRESSES FOR THE PAST 7 YEARS

Mo./Yr. / Mo./Yr

Current Address:	Street	Apt.#	City	State	Zip Code	From / To?
Former Address:	Street	Apt.#	City	State	Zip Code	From / To?
Former Address:	Street	Apt.#	City	State	Zip Code	From / To?
Former Address:	Street	Apt.#	City	State	Zip Code	From / To?

- Consumer reporting agencies may not report outdated negative information. In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- Access to your file is limited. A consumer reporting agency may provide information about you only to people with a valid need -- usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- You must give your consent for reports to be provided to employers. A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.ftc.gov/credit.
- You may limit "prescreened" offers of credit and insurance you get based on information in your credit report. Unsolicited "prescreened" offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).
- You may seek damages from violators. If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- Identity theft victims and active duty military personnel have additional rights. For more information, visit www.ftc.gov/credit.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. Federal enforcers are:

TYPE OF BUSINESS:	CONTACT:
Consumer reporting agencies, creditors and others not listed below	Federal Trade Commission: Consumer Response Center - FCRA Washington, DC 20580 1-877-382-4357
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 202-452-3893
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)	Office of Thrift Supervision Consumer Complaints Washington, DC 20552 800-842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-519-4600
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Consumer Response Center, 2345 Grand Avenue, Suite 100 Kansas City, Missouri 64108-2638 1-877-275-3342
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation, Office of Financial Management Washington, DC 20590 202-365-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator - GIPSA Washington, DC 20250 202-720-7051

Para informacion en español, visite www.ftc.gov/credit o escribe a la FTC Consumer Response Center, Room 130-A 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. For more information, including information about additional rights, go to www.ftc.gov/credit or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.

- You must be told if information in your file has been used against you. Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment— or to take another adverse action against you — must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- You have the right to know what is in your file. You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in your credit report;
 - you are the victim of identify theft and place a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud;
 - you are on public assistance;
 - you are unemployed but expect to apply for employment within 60 days.

In addition, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.ftc.gov/credit for additional information.

- You have the right to ask for a credit score. Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- You have the right to dispute incomplete or inaccurate information. If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.ftc.gov/credit for an explanation of dispute procedures.
- Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information. Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.

CONFIDENTIAL

THE SALVATION ARMY

STATEMENT OF VOLUNTEERS
(SALVATIONISTS AND NON-SALVATIONISTS) FOR WORK WITH CHILDREN *

This statement will be completed by all applicants for volunteer work for any position involving the supervision or custody of children (under 18 years of age) or for any position in which the applicant is in any way involved with children. The completion of the statement will help to assure The Salvation Army that it will provide a safe and secure environment to those children who participate in its programs and who use its facilities.

Personal Information

Name _____
Last First Middle

Present Address _____
Number Street City State Zip

Home Phone (_____) _____

Social Security No. _____

Present Church _____

Minister of the Church _____

Other Churches attended regularly during the past ten years: _____

Education or training for work with children (List formal education courses and on the job training participated in, identifying the institution). _____

Personal References (not relatives)

Name _____ Name _____

Address _____ Address _____

Telephone # _____ Telephone # _____

All prior work with children (List the church or other organization conducting the program, the name of the immediate supervisor and, if known, the name, address and telephone number of any individual now involved in the program.) _____

* For purposes of this Statement, the words "child" and "children" mean individuals below the age of 18 years.

STATEMENT OF VOLUNTEERS (SALVATIONISTS AND NON-SALVATIONISTS)
FOR WORK WITH CHILDREN

Statement

As the applicant described above, I do hereby represent to The Salvation Army, with the understanding that The Salvation Army will rely upon the information provided in considering my application for work with children, that the foregoing information and following statements are true:

1. In my prior volunteer work, I have never used a name other than that set forth above.
2. I understand the essential duties of my position in connection with the working with children in the programs of The Salvation Army. I am able to perform those essential job duties with no accommodation except as follows: _____
3. I have never been accused of abuse of a child or of actual or attempted sexual molestation of a child, either in a program for children or otherwise.
If the foregoing statement is not true, please describe the circumstances of the accusation and the outcome:

4. I have never been arrested as a result of a charge of child abuse or of actual or attempted sexual molestation of a child.
5. I have never been convicted of child abuse or a crime involving actual or attempted sexual molestation of a child.
6. I authorize any of the churches or other organizations and their representatives and my personal references listed above to give to The Salvation Army any information they may have regarding my character and fitness for work with children. I release all such organizations and individuals from any liability that may result from their furnishing such information to The Salvation Army. I waive any right that I may have to inspect any records containing such information.
7. I am aware that The Salvation Army is a branch of the Christian Church and I agree that I will conduct myself in my work with children in a way that is consistent with the religious and charitable policies and principles of The Salvation Army.
8. Having provided the foregoing information and having affirmed the foregoing statements are true, I recognize that any false information or statements are punishable under the laws relating to perjury.

Date _____ Applicant _____ 20____

Signature of Witness

Name _____
Please Print

Address _____

City State Zip

**VOLUNTEER'S STATEMENT
LIABILITY/PHOTOGRAPHIC RELEASE**

I understand that The Salvation Army, is a religious and charitable organization that requires the assistance of volunteers in the conduct of its various spiritual and social service programs.

It is my desire to further the work of The Salvation Army by performing services as a volunteer, specifically as a volunteer at _____*

I undertake to perform said services as a volunteer without compensation and that, in performing said services, I acknowledge that I am not acting as an employee of The Salvation Army.

I understand that as a registered volunteer, should any accident occur, I may be covered under The Salvation Army liability insurance.

I hereby give my permission to be photographed by a representative of The Salvation Army for the sole purpose of promotion of the services available at The Salvation Army. I also understand that I have the option at any time not to be photographed and not to be present if I choose. **

Signature _____

Date _____

Witness _____

* This identifies the facility, program or volunteer service to be rendered.

** If permission is NOT given to be photographed, cross out paragraph and place your initials and volunteer initials below. Note on contract page.

Volunteer

Volunteer Director

(For Office Use Only)

Date interviewed _____ Date accepted _____

Assignment _____ Supervisor _____

Orientation date _____ Start date _____ Evaluation date _____

Schedule _____

Termination date _____ Reason for termination _____

Interview comments: _____
