

Volunteer Registration Form



THRIFT STORE

For Management Use only

RESPC:

Department:

Applicant Information

First Name:

Last Name:

Start Date:

Address:

City:

Province:

Postal Code:

Phone Number:

Gender:

Date of Birth (yyyy-mm-dd)

Occupation (Current or if retired – former):

Contact Name:

Contact Phone Number:

Yes No Have you ever been employed or volunteered at another Salvation Army Facility?

If Yes please state the name of the facility and the years you volunteered:

Other non Salvation Army previous volunteer experience:

References:

Please provide the names and telephone numbers of two (2) professional and two (2) personal references:

Professional		Personal	
Name:	Phone Number:	Name:	Phone Number:
1.		1.	
2.		2.	

Time available for volunteer work:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Estimated Weekly Hours
AM							
PM							

Emergency contact information:

Name:

Phone Number:

The facts as set forth in my Volunteer Registration Form are true and complete. I understand and agree that a false statement may disqualify me from volunteer work or result in dismissal. By Signing below I have authorized The Salvation Army to conduct such reference checks as it deems necessary.

Volunteer Signature

Date

Store Manager/Supervisor Signature

Date