



THE SALVATION ARMY NAPLES REGIONAL COORDINATE VOLUNTEER APPLICATION

Please Check One: Volunteer Student Community Service Intern

Volunteer Profile

Mr. Mrs. Ms.

Date of Birth: ____/____/____

Are you age 21 or older? Yes No
(Under 16 must be accompanied by an Adult)

First Name (If group, please identify group leader's name here)

Last Name

Permanent Address

Street/PO Box

City

State

Zip

Seasonal Address

Street/PO Box

City

State

Zip

If seasonal, indicate months in Naples and available to Volunteer: From: _____ To: _____

Business Information

Occupation: _____

Employer Name

Address

City/State

Phone

Contact Information

Home Phone

Business Phone

Cell Phone

Fax

Email Address

Twitter

VOLUNTEER OPPORTUNITIES: (Please check all categories in which you would like to Volunteer)

YEAR-ROUND OPPORTUNITIES

- After School Tutor Bus Driver Sports Coach
- Child Care Center*: Read to Children*
- Family Stores*: Sort Clothes Stock Merchandise Price Merchandise Cashier*
- Food Pantry: Sort/Stock Food Bag Groceries
- Facilities Maint.: Janitorial
- Fundraising Clerical Phone Calls Photography
- Warehouse: Sort Clothes Clean-up

Days Interested:

- Monday Tuesday Wednesday Thursday Friday Saturday

SPECIAL EVENTS

- Red Kettle Gala: Committee Secretary Décor Silent / Live Auction Sponsorship
- Tennis Fundraiser: Silent / Live Auction Sponsorship

DISASTER SERVICES

- Pre-Event: Answer Phones Clerical Training
- Post-Event: Food Preparations Hospitality Center Stock Food Serve Meals
- Sort Donations Procurement Warehouse

I can volunteer unlimited hours as a Disaster Emergency Relief Team (DERT) Leader Yes No
 I can volunteer two weeks to serve on a Disaster Emergency Relief Team (DERT) Yes No

*Must pass any applicable background checks.

(Continues on Next Page)



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CHRISTMAS PROGRAMS

Red Kettle Campaign: [] Bell Ringer-Individual [] Bell Ringer-Group # in Your Group: _____
[] Kettle Coordinator* [] Kettle Sponsor [] Kettle Driver*

Kettle Musicians: [] Individual [] Group / # in Group _____
I can volunteer _____ hours to assist with the Red Kettle Campaign

Christmas Cheer Registration and Toyland Distribution: [] Registration [] Applications [] Translate: [] Spanish / [] Creole
[] Data Entry* [] Toy Store Setup [] Toy Store Cleanup
[] Toy Sorting [] Stock Tables [] Food Packing
[] Stuff Stocking [] Toy Store Worker [] Assist Shopper in Toy Store
[] Hospitality Center [] Curb Service [] Parking/Traffic Control
[] Bulk Mailing [] Clothing Center
I can volunteer _____ hours as a Christmas Cheer Volunteer

[] Adopt A Family
[] Stocking Sponsor # of stocking needed: _____
[] Angel Tree Sponsor # of Angels needed: _____

Day(s) & Time Preferences (Check all that apply)

[] Monday [] Tuesday [] Wednesday [] Thursday [] Friday [] Saturday
[] Morning [] Afternoon [] Evening

I Can Volunteer: [] January [] February [] March [] April [] May [] June
[] July [] August [] September [] October [] November [] December

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 assignment requested)

Thank you for your desire to Volunteer your time and talents to help others in need!

Acknowledgement

I understand that The Salvation Army is a religious and charitable organization and requires the assistance of volunteers in carrying out its various spiritual and social programs. As a Volunteer, I agree to perform all assignments with the highest level of professional and ethical conduct and confidentiality. I understand that I will not be compensated for services performed as a volunteer. Should I Volunteer in any area requiring a background check I agree to complete the applicable forms; and I understand I cannot begin Volunteering in that area until all background checks are approved by The Salvation Army.

Signature (If emailing, please type in name.) _____ Date _____

*Must pass any applicable background checks.

Office Use Only

[] Entered in Database / Date _____ [] Attended Volunteer Orientation / Date _____
[] Assigned Volunteer Position Position: _____

NOTES: _____



The Salvation Army Naples Regional Coordinate

SKILLS QUESTIONNAIRE

Name: _____

Date: _____

Please take a moment to complete the skills questionnaire by **placing an "X"** in the appropriate box. Feel free to write in any skills not listed.

Clerical

- Computer
- Copier
- Fax
- Filing
- Mailings
- Phones
- Receptionist
- Shorthand
- Other

Skill

Retail / Business

- Cashier
- Customer Relations
- Display
- Manager
- Marketing
- Sales
- Other

Skill

Other

- Acting/Singing
- Arts & Crafts
- Construction
- Cooking/Baking
- Counseling
- Driver
- Educator
- Electrical
- Emergency Svcs.
- Flowers/Plants
- Fundraising
- Housekeeping
- Human Resources
- Legal Service
- Musician
- Parenting

Skill

Communication

- Customer Service
- Foreign Language: Specify _____
- Photography
- Public Speaking
- Sign Language
- Training
- Writing

Skill

Financial

- Accounting
- Banking
- Billing
- Bookkeeping
- Collections

Skill

Computer Skill	Beginner	Intermediate	Advanced
Word			
Excel			
Power Point			
Publisher			
Social Media			
Website Design			

Please list any other skills or experience you may have below:



The Salvation Army Naples Regional Coordinate

VOLUNTEER CODE OF ETHICS

As a Volunteer for The Salvation Army Naples Regional Coordinate, I will strive to adhere to the following code:

1. I will keep confidential matters confidential.
2. I interpret "volunteer" to mean that I have agreed to work without compensation in money. Having been accepted as a worker, I expect to do my work according to highest standards.
3. I promise to approach my work with an attitude of open-mindedness; to be willing to be trained for it; to bring to it interest and attention.
4. I realize that my skills may differ from my co-workers. I will do my best to establish teamwork realizing that a variety of skills are necessary to build a strong team.
5. I plan to find out how I can best serve the activity for which I have volunteered, and to offer as much as I am sure I can give.
6. I realize that when I agree to participate in a volunteer activity that I have made a commitment to the agency.
7. I believe that my attitude toward volunteer work should be professional. I believe that I have an obligation to my work, to those who direct it, to my colleagues, to those for whom it is done, and to the public.
8. I will handle all donations with integrity and honesty including monetary and in-kind donations. I will ensure that all donations in their entirety are directed and received where intended.

I agree with this code and will do my utmost to uphold it.

Print Name _____

Signature _____

Date _____



The Salvation Army Naples Regional Coordinate

VOLUNTEER STATEMENT OF CONFIDENTIALITY

I realize that in the course of my time in a Salvation Army facility, I may be exposed to clients or client's names and other confidential data regarding agency clients. I understand that any and all client data is confidential under Florida Statute, Chapters 394.459 (9) and the Code of Federal Regulations, Part 2, Title 42. Violations of state and federal statutes can carry both civil and criminal penalties.

I further understand that no names or information about Salvation Army clients can be discussed with non-Salvation Army employees.

My signature acknowledges my agreement to abide by all agency confidentiality regulations and applicable laws. My signature acknowledges that I agree to sign in with The Salvation Army front desk and received the appropriate name tag identification each time that I volunteer; I agree to wear the name tag at all times while in any Salvation Army facility. I also agree that I will notify the front desk upon my departure from the facility and will return the assigned nametag.

Print Volunteer's Name

Date

Volunteer's Signature



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POLICY ACKNOWLEDGEMENT ALCOHOL AND ILLEGAL DRUGS

I, _____, acknowledge that is the policy of The Salvation Army to establish and maintain a drug-free workplace.

I further understand that any policy and procedures constitute statements of policy only, and are not to be interpreted as a contract of employment between The Salvation Army and me. I also understand that The Salvation Army reserves the right to change, modify, or delete any of its policies and procedures relating to the Drug-Free Workplace Program at any time.

I understand that any violation of the Drug-Free policy, or any related incident, may lead to termination of my Volunteer assignment.

Printed Name

Signature

Date

Witness / Staff Signature

Date



The Salvation Army Naples Regional Coordinate

SENIOR COMMUNITY SERVICES / VOLUNTEER / AIDE PROGRAM ACKNOWLEDGEMENT AND RELEASE

I, _____, hereby represent to The Salvation Army that pursuant to the
(Name of participant)

_____ of the
(Name/Title of program)

(Name of the Assigning Public Agency)

I have voluntarily agreed to perform such work as shall be assigned to me from time to time and to comply with such instructions and regulations communicated to me by an authorized representative of The Salvation Army. I acknowledge that such work is to be performed by me without compensation of any kind, financial or otherwise.

I acknowledge that I am not an employee of The Salvation Army and am not entitled to any Worker's Compensation Benefits. I understand and agree that in order to participate in the above referenced program, _____ must furnish accident, personal liability, and excess automobile insurance coverage as required by program policies. Any personal insurance that I may have is primary and the _____ coverage is secondary.

I hereby further agree, on behalf of myself, my family, heirs and dependants, to release and save harmless The Salvation Army from any liability for any loss, injury, or damage suffered by me during or in connection with such work.

I also understand that, should my work performance be found unsatisfactory or unacceptable, that my assignment with The Salvation Army can be terminated.

Printed Name

Signature

Date

Witness / Staff Signature

Date



The Salvation Army Naples Regional Coordinate

CONSENT TO PUBLICATION BY THE SALVATION ARMY

I certify that I am at 21* years of age, **my birth date** being (Day/Month/Year) ____/____/_____, and having the right to contract in my own name and to the extent herein set forth.

I hereby irrevocably grant to The Salvation Army, its successors and assigns, its agents and those by whom it is commissioned, the absolute, unrestricted and unlimited license, right, permission, and consent to use and reuse, disseminate, copyright, print, reproduce, publish and republish, for any and all trade purposes or commercial or other advertising or public purposes, and in any and all advertising, publicity, display, publication or media, my name, signature and likeness, and any portraits, pictures, photographic prints or other representations of me, or in which I may appear, or any reproductions or sketches thereof or parts thereof, photographic or otherwise, with such additions, deletions, alterations or changes therein as you in your discretion may make, either separately or together with my name or a fictitious name, or the name of another person, with or without any statements or testimonials made by me, or authorized by me which you may, in your discretion, prepare for use in connection therewith. I warrant that I have not limited or restricted the use of my name or photograph to the use of any organization or person.

I hereby grant unrestricted use of audio tracks or text by The Salvation Army for such purposes as The Salvation Army may deem appropriate.

I hereby release and discharge The Salvation Army, its successors, assigns and agents from any and all claims and demands arising out of or in connection with the use of any of the foregoing, including any claims for defamation, invasion of privacy or violation of any statutory right.

Witness by my hand as noted and sealed this day.

_____ (Print Name) _____ (Sign Name) _____ (Date)

_____ Address

_____ City State Zip Code

Authorization Relating To A Minor Or Individual Under Local Guardianship

I hereby certify that I am the (parent)/(legal guardian) of a minor child or dependent _____, and have executed this release on (his)/(her) behalf.

_____ (Print Name) _____ (Sign Name) _____ (Date)

Witness to Execution of Release

_____ (Print Name) _____ (Sign Name) _____ (Date)

*Substitute the age of majority, if less than 21 years, in the State of residency of the subject of the consent.