



THE SALVATION ARMY OF BROWARD COUNTY
 1445 West Broward Blvd
 Ft. Lauderdale, FL 33312

COMMUNITY SERVICE APPLICATION

(Please print. Complete all sections)

Name _____ Date _____

Last 4 digits of Social Security Number _____ Birth Date _____

Home Address _____
Number Street

_____ Telephone Number _____
City State Zip Code

Emergency Contact _____ Telephone Number _____

Academic/Professional Credentials _____

Present Occupation _____

List Special Skills _____

Previous Volunteer Experience _____

Reason for Completing Community Service _____

* Do NOT write 'Court Ordered'- You must indicate your offense (ex. DUI, shoplifting, etc)

Total Hours to Be Completed _____ Date Hours Must Be Completed _____

Parole/Probation Officer _____

Telephone Number _____

What day(s) are you available to provide community service:

Mon _____ Tues _____ Wed _____ Thurs _____ Fri _____ Sat _____ Sun _____

Hours Per Week _____ Total Hours To Be Completed _____

List two references we may contact: (not relatives)

Name _____ Telephone Number _____

Address _____
Number Street City State Zip Code

Name _____ Telephone Number _____

Address _____
Number Street City State Zip Code

MISSION STATEMENT

The Salvation Army, an international movement, is an Evangelical part of the Universal Christian Church. Its message is based on the Bible. Its ministry is motivated by love of God. Its mission is to preach the gospel of Jesus Christ and to meet human needs in his name without discrimination.

COMMUNITY SERVICE PROGRAM PARTICIPANT/SALVATION ARMY AGREEMENT

PROGRAM

PARTICIPANT _____ **Placement** _____

1. I will provide 24 hours notice to The Salvation Army if I am unable to work.
2. I will facilitate record keeping by signing in and out when working.
3. I will protect confidential information and exercise good judgment when acting on the Army's behalf. I will maintain a nonjudgmental attitude with clients; will accept supervision; and will adhere to the policies and procedures of the program.

PLEASE READ THE FOLLOWING STATEMENT CAREFULLY:

I hereby affirm that statements given by me on this application are true and accurate. I understand that any false or misleading information submitted on or omitted from this application will be sufficient cause for immediate dismissal. I HAVE RECIEVED AND WILL ABIDE BY THE COMMUNITY SERVICE PROGRAM PARTICIPANT RESPONSIBILITIES AND AGREE TO ABIDE BY THESE REGULATIONS. I also understand that should my work performances be unsatisfactory or unacceptable, my oppportunity of fulfilling community service hours with The Salvation Army will be terminated.

Community Service Participant's Signature **Date**

THE SALVATION ARMY COMMUNITY SERVICE PROGRAM agrees to:

1. Provide all necessary orientation, training and supervision for the volunteer position.
2. Keep records of community service hours; and provide the program participant with documentation to verify service hours for school, court, or government program.

Volunteer Coordinator Signature **Date**

For Office Use Only

Date Interviewed/Accepted _____ **Assignment** _____

Start Date _____ **End Date** _____

Reason for Termination _____

Comments: _____



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VOLUNTEER RELEASE AND WAIVER OF LIABILITY FORM

Volunteers under 18 must have parental approval and signature

The release and Waiver of Liability (the “Release”) executed on this day of _____, by _____ (the “Participant”) in favor of THE SALVATION ARMY, a non-profit corporation organized and existing under the laws of the Sate of Florida, USA, its directors, officers, employees, volunteers and agents (collectively, “The Salvation Army”).

I, the Participant, desire to volunteer with The Salvation Army. I understand that the activities may include, but are not limited to, cooking and serving food, moving and lifting heavy objects, operating various pieces of equipment, transportation in commercial and Salvation Army-owned vehicles, and working in environments that may have been damaged by disaster.

I hereby freely and voluntarily, without duress, execute the Release under the following terms:

1. **Waiver and Release.** I, the Participant, release and forever discharge and hold harmless The Salvation Army from any claim or liability that I, the Participant, may have against The Salvation Army with respect to bodily injury, personal injury, illness, death or property damage that may result from my participation in volunteer activities. I also understand that The Salvation Army does not assume any responsibility or obligation to provide financial or other assistance, including but not limited to medical, health, or disability insurance, in the event of injury, illness, death or property damage (see insurance requirements below).
2. **Insurance.** The Salvation Army does not carry or maintain, and expressly disclaims responsibility for providing any health, medical or disability coverage for the Participant. EACH PARTICIPANT IS EXPECTED AND ENCOURAGED TO CARRY PERSONAL LIABILITY OR HEALTH INSURANCE PRIOR TO REGISTERING AS A SALVATION ARMY VOLUNTEER.
3. **Medical Treatment.** Except as otherwise agreed to by The Salvation Army in writing, I hereby release and discharge The Salvation Army from any claim whatsoever which arises or may hereafter arise on account of any first-aid treatment or other medical services rendered in connection with an emergency during my time at The Salvation Army.
4. **Assumption of Risk.** I understand that my time with The Salvation Army may, in some situations, involve activities that may carry some risk. I hereby expressly and specifically assume the risk of injury or harm in these activities and release The Salvation Army from all liability for injury, illness, death or property damage resulting from the activities of my time with The Salvation Army.
5. **Photographic Release.** I grant and convey unto The Salvation Army all the right, title and interest in any and all photographic images and video or audio recordings made by The Salvation Army during my work for The Salvation Army, including, but not limited to, any royalties, proceeds or other benefits derived from such photographs or recordings.
6. **Other.** I understand that it is my desire to further the work of The Salvation Army by performing services as a Volunteer. 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.

To express my understanding of this Release I sign here with a witness.

 (PLEASE PRINT) PARTICIPANT NAME DATE

 PARTICIPANT SIGNATURE (OR PARENT SIGNATURE IF UNDER 18)

 (PLEASE PRINT) WITNESS NAME DATE

 WITNESS SIGNATURE

The Salvation Army of Broward County

Community Service Program Participant's Responsibilities

As a participant in The Salvation Army's Community Service program, you will be expected to behave in a professional manner at all times by adhering to the following guidelines. **Violation of any of these guidelines will result in immediate termination from the program:**

- You must notify the Volunteer Coordinator, or the supervisor of the area you are scheduled to work in, or leave a voice mail message if you are unable to work on a scheduled day or plan to be late for your scheduled shift.
 - **If you fail to show up for your scheduled shift without calling first, you will be terminated.** Community Service Program participants who continually call to cancel from the schedule may also be terminated.
- You are expected to dress neatly and cleanly. You **MAY NOT** wear halter-tops, sleeveless T-shirts, cut-off jeans, etc. **VOLUNTEERS ASSIGNED TO THE FOOD SERVICES DEPARTMENT MAY NOT WEAR SHORTS, SLEEVELESS SHIRTS OR OPEN-TOED SHOES. NO bags - including handbags, purses, book bags, briefcases, etc. – are allowed in the Food Services area.**
- The use of alcohol and/or illegal drugs is **STRICTLY PROHIBITED** while serving community service hours at The Salvation Army. If a staff member determines that you are intoxicated, you will be terminated immediately.
- All volunteers are expected to demonstrate a positive, willing attitude with regard to the work and the interactions with others in the facility. Exhibiting hostile or anti-social behavior towards clients or staff will result in immediate termination.
- You must document "time in" and "time out" on the time sheet we have provided in order to receive credit for your hours. **If you do not document your hours on this sheet they will not be counted.**
 - All hours must be documented accurately. Anyone found falsifying hours will be terminated immediately.
 - If you require documentation of hours completed on a form other than the one provided by The Salvation Army, you must inform the volunteer department at least five business days prior to your due date. Requests made within less than five business days may not be completed by the date desired.
- A large part of the work conducted by volunteers involves matters of a private nature. You must adhere to the confidentiality code. Violation of confidentiality will result in termination.
- The Salvation Army serves various special populations with its social service outreach programs. All clients should be treated politely and with respect. Violation of this policy will result in termination.

IMPORTANT INFORMATION

- The Salvation Army's Administration office is open Monday through Friday from 8:30 am to 5:00 pm.
- Volunteers should check in at the SOCIAL SERVICES desk unless other arrangements have been made with your supervisor.
- If someone needs to reach you while you are volunteering, you may be contacted at (954) 524-6991.
- If you have any questions or concerns, please feel free to call the Volunteer Department.

Volunteer Department – (954) 524-6991 ext. 2435



Community Service Hours



All court ordered community service hours completed at The Salvation Army must be recorded on this sheet and must be accompanied by the site supervisor's initials. All hours not entered onto this sheet and all entries lacking supervisor initials will not be considered in your total. You are responsible for bringing this form with you every time you volunteer. Failure to bring this sheet to your assigned site will result in a forfeiture of that day's hours.

Community Service Participant's Name: _____

| Date | Time In | Time Out | Hours | Site | Performance | Supervisor Initials |
|------|---------|----------|-------|------|-------------|---------------------|
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Total Hours Completed: _____

If you require a documentation of hours served on an alternate form (such as those provided by your probation officer) please submit this form to the Volunteer Department at least 5 business days prior to your scheduled due date. Requests made within less than 5 business days may not be completed by the date desired.

Date Submitted: _____ Additional Documentation Needed By: _____