



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

**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.

**VOLUNTEER APPLICATION**

*(Please print. Complete all sections)*

Name \_\_\_\_\_ Date \_\_\_\_\_

Home Address \_\_\_\_\_  
*Number Street City State Zip*

Telephone Number \_\_\_\_\_ Are you 18 years of age or older? \_\_\_\_\_

Email Address \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Telephone Number \_\_\_\_\_

Are you an individual volunteer or part of a group? (If group, please specify organization)  
 \_\_\_\_\_

Occupation \_\_\_\_\_

Employer or School (if student) \_\_\_\_\_

Please list any previous volunteer experience \_\_\_\_\_  
 \_\_\_\_\_

Special Training (Business, Professional, Arts & Crafts, Music, other) \_\_\_\_\_  
 \_\_\_\_\_

In what programs are you most interested in volunteering? \_\_\_\_\_  
 \_\_\_\_\_

Do you prefer to volunteer on:

A Regular Basis \_\_\_\_\_  
Call for Emergencies \_\_\_\_\_  
The Christmas Season Only \_\_\_\_\_

Please list days and hours available to volunteer:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**VOLUNTEER AGREEMENT**

- All volunteers are expected to demonstrate a positive, willing attitude with regard to the work and the interactions with others both inside and outside the facility.
- All volunteers are expected to dress appropriately (neatly and cleanly) for their assigned area. 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.
- All volunteers are expected to maintain the confidentiality of the Salvation Army and its clients.
- All volunteers are expected to be present and on time for the shift(s) he or she is assigned. All volunteers are expected to contact their supervisor prior to their shift if they will be late and/or unable to work.

I understand the above responsibilities and do hereby agree to accept the terms of being a Salvation Army Volunteer.

Volunteer’s Signature \_\_\_\_\_

Witness \_\_\_\_\_

Date \_\_\_\_\_

**PHOTOGRAPHIC RELEASE**

I hereby give 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 if I so choose.

Signature \_\_\_\_\_

Date \_\_\_\_\_



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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 State 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