

Individual

The Salvation Army – Golden State Division
Volunteer Statement, Release of Liability and Assumption of Risk & Emergency Contact

General Information

First Name: _____ Last Name: _____

Email Address: _____

California Driver's License, Class, and Expiration Date: _____

Emergency Contact: _____ Relationship to Volunteer: _____

Emergency Day Phone: _____ Emergency Evening Phone: _____

All information gathered will remain confidential. By signing this application, I give my permission for The Salvation Army to check the accuracy of the information I have provided. To my knowledge, all of the information completed herein is true and correct. I understand that volunteers planning to serve with minors or vulnerable adults will have a background and reference check completed. I understand that completion of this application does not guarantee that I will be given a volunteer position. I also understand that I will need to attend an orientation and (if serving with children) the Child Safety training prior to beginning my volunteer work with The Salvation Army.

Volunteer Signature _____ Date _____

Volunteer Statement/Release of Liability and Assumption of Risk

I understand that The Salvation Army, a religious and charitable organization, requires the assistance of volunteers in the conduct of its various spiritual and social programs. If I am injured while acting as an unpaid member of the staff in any capacity whatsoever, I realize and am aware that my own health insurance coverage will provide for any necessary medical treatment or care. I further understand that I am not covered under California State Compensation Laws.

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

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

Date: _____ Volunteer Signature: _____

If Minor, Parent/Guardian (print): _____

Parent/Guardian Signature: _____

Emergency Phone Number: _____