



**DOING
THE MOST
GOODSM**
NORTHWEST ARKANSAS

Volunteer Application
The Salvation Army NWA Area Command
AOK Division | The Salvation Army USA Southern Territory
479-521-2151 www.nwasalvationarmy.org

Personal Information			
Date of Application:		Location:	
Name: First	Middle	Last	
Address: Street	City	State	Zip
Home Telephone Number:		Cell Telephone Number:	
Email Address:			
Emergency Contact:		Emergency Phone:	
Emergency Email Address:			
Are you below the age of 18? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Why do you want to volunteer with The Salvation Army?			
Where would you like to Volunteer <input type="checkbox"/> Bentonville <input type="checkbox"/> Fayetteville <input type="checkbox"/> Springdale <input type="checkbox"/> Rogers <input type="checkbox"/> Corps			
Indicate the area of volunteer interest (e.g. store, shelter, Corps, Food Pantry, serving meals, etc):			
Do you have any commitments to another company that might affect your volunteer work with us, including confidentiality, non-disclosure or non-compete agreements? If yes, please explain.			
Summarize any special training, skills, licenses, certificates and/or characteristics of yourself that might qualify you for the position:			
If need be, depending on the volunteer position with The Salvation Army, you will be asked for your authorization to run a background and/or credit check. Would you be willing to authorize this? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Have you previously applied for employment here? If yes, when?			
Have you previously been employed by The Salvation Army? If yes, when?			
Please Note: This form is designed for applicants that will be volunteering for various positions. Please include all information requested. Answer questions to the best of your ability. All information will be treated confidentially.			
Have you ever been convicted of a felony? If yes, please explain.			
Within the last two years have you been convicted of a misdemeanor which resulted in imprisonment? If yes, please explain.			
Note: A conviction will not necessarily disqualify you from the volunteer position requested.			

Days and Hours Available:

Day	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
From (hour)							
To (hour)							

REFERENCES

Please list two references who are not related to you – coworker, boss, friend, pastor, etc. who can provide more information about your volunteer/work experience and character.

Reference 1: First Name	Last Name
Phone Number:	Email:
Reference 2: First Name	Last Name
Phone Number:	Email:

I certify that the information contained in this application is true and complete. I authorize the investigation of all statements contained in this application and understand that any false or misleading statements or material omissions are cause for my ineligibility to volunteer on behalf of The Salvation Army. I hereby authorize former and present employers/volunteer organizations, except as I have otherwise indicated on this application, as well as physician, references and other sources to provide or verify any information that they may have regarding me, my employment and/or volunteer service with them to The Salvation Army and release them from any liability arising from the furnishing of any employment/volunteer information.

Applicant Signature

Date

Department Head Signature

Date