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| --- |
| Text  Description automatically generated with medium confidenceThe Salvation Army Edmonton Centre of HopeVolunteer Application Form |
| **PERSONAL INFORMATION** |
| First Name: | Click here to enter text. | Last Name: | Click here to enter text. |
| Address: | Click here to enter text. |
| City: | Click here to enter text. | Province: | Click here to enter text. | Postal Code: | Click here to enter text. |
| Phone #: | Click here to enter text. | Cell # | Click here to enter text. | Email: | Click here to enter text. |
| How would you prefer we contact you? | Click here to enter text. |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **When are you available to volunteer (check all that apply)?**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
| Morning |[ ] [ ] [ ] [ ] [ ] [ ] [ ]
| Afternoon |[ ] [ ] [ ] [ ] [ ] [ ] [ ]
| Evening |[ ] [ ] [ ] [ ] [ ] [ ] [ ]

 |
| **Please check the type(s) of volunteer work you are interested in (check all that apply):** |
| One time (e.g. special events)Short term (less than 6 months)Long term (more than 6 months) | [ ] [ ] [ ]  |  |  |
| **How did you learn about our volunteer program?** |
| Family / Friend Social Media Posted Advertisement 211 Edmonton Other  | [ ] [ ] [ ] [ ] [ ]  | Please specify: | Click here to enter text. |

Please provide any information you would like us to consider when determining your volunteer placement.

Click here to enter text.

Have you previously been employed by The Salvation Army? [ ] YES [ ] NO

If Yes, where and what was your position? Click here to enter text.

Have you previously volunteered with The Salvation Army? [ ] YES [ ] NO

If Yes, where and in what capacity? Click here to enter text.

Check if you need your hours logged: [ ] Community service for school [ ] Court-ordered service

Click here to enter text.

**I hereby declare that the foregoing information is true and complete to my knowledge. I understand that a false or misleading statement on this application form may result in refusal of my application to volunteer with The Salvation Army.**

Click here to enter text.

Name

Click here to enter text.

Signature

Click here to enter text.

Date

Would you be interested in receiving information about other volunteer opportunities with The Salvation Army Edmonton Centre of Hope? [ ] YES [ ] NO