VICTORIA ARC

VOLUNTEER & PRACTICUM APPLICATION FORM

Thank you for your interest in joining The Salvation Army.

Everyone who serves with us is considered an ambassador of our mission and values. The information on this form will help us connect you with a placement that is both meaningful and supportive of our programs. We greatly appreciate your cooperation in completing it.

DATE: _____ INTEREST: ☐ VOLUNTEER ☐ PRACTICUM

FOR PRACTICUM STUDENTS, PLEASE ADD THE DETAILS BELOW:

INSTITUTION: _____ PROGRAM: _____

PERSONAL DETAILS

FIRST NAME: _____ LAST NAME: _____

BIRTH DATE: _____ GENDER: ☐ M ☐ F ☐ OTHER

EMAIL: _____ PHONE: _____

ADDRESS: _____

EDUCATION: ☐ PRIMARY ☐ HIGH SCHOOL ☐ COLLEGE/UNIVERISTY ☐ POST GRAD

PLEASE SELECT WHAT BEST DESCRIBES YOUR CURRENT STATUS:

☐ RETIRED ☐ VISITOR ☐ STUDENT ☐ EMPLOYED ☐ OTHER

FOR STUDENTS, EMPLOYED, AND OTHER INDIVIDUALS, PLEASE SPECIFY COMPANY, INSTITUTION, AND/ OR SITUATION: _____

HEALTH: ☐ FAIR ☐ GOOD ☐ EXCELLENT

HAVE YOU EVER VOLUNTEERED AT THE SALVATION ARMY BEFORE: ☐ NO ☐ YES

IF YES, ADD THE SALVATION ARMY LOCATION: _____

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EMERGENCY CONTACT

NAME: _____ RELATIONSHIP: _____

PHONE: _____ EMAIL: _____

ACTIVITY INTERESTS

☐ FOOD PREPARATION ☐ STREET OUTREACH ☐ GAME NIGHTS ☐ EXCURSION LEADER

☐ FOOD SERVING ☐ COMMUNITY DINING ☐ MOVIE NIGHTS ☐ EMERGENCY SVCS.

☐ KITCHEN CLEANING ☐ SPIRITUAL CARE ☐ MUSIC NIGHTS ☐ OPEN MIC NIGHTS

☐ CRF SUPPORT WORKER ☐ RECOVERY SUPPORT WORKER ☐ HOUSING SUPPORT WORKER

☐ OTHER PLEASE SPECIFY: _____

AVAILABILITY

Please indicate time range for each day you select. I.E. Monday 13:00 – 15:00.

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
MORNING	-	-	-	-	-	-	-
AFTERNOON	-	-	-	-	-	-	-
EVENING	-	-	-	-	-	-	-

LENGTH OF COMMITMENT: ☐ SHORT-TERM ☐ 6 MOS – 1Y ☐ 1Y+ ☐ UNSURE

MORE DETAILS

HOW DID YOU HEAR ABOUT THE SALVATION ARMY VOLUNTEER / PRACTICUM PROGRAM:

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TELL US WHY YOU WISH TO VOLUNTEER / PRACTICUM AT TSA VICTORIA ARC:

PLEASE TELL US ABOUT YOUR PREVIOUS RELATED EXPERIENCES, ORGANIZATIONS, CLUBS, ETC. IF ANY:

REFERENCES

1.

NAME: RELATIONSHIP:

PHONE: EMAIL:

2.

NAME: RELATIONSHIP:

PHONE: EMAIL:

THE SALVATION ARMY WILL ACCOMMODATE VOLUNTEERS AS REQUIRED UNDER APPLICABLE HUMAN RIGHTS LEGISLATION. IF YOU REQUIRE A DISABILITY-ACCOMMODATION, PLEASE GIVE US DETAILS BELOW:

PLEASE LIST ANY SKILLS, TRAINING, OR CERTIFICATIONS THAT YOU HAVE (INCLIDE DATES):
I.E. FOODSAFE CERT., FIRST AID TRAINING, LANGUAGES, ETC.