



# GATEWAY OF HOPE: COMMUNITY WORKER APPLICATION

5787 Langley Bypass | Langley, BC | V3A 0A9 | 604. 514. 7375  
gatewayofhope.ca | email: volunteer@gatewayofhope.ca

Thank you for your interest in volunteering at the Gateway of Hope!

Please fill out this application with as much detail as possible and return it to the Front Desk Receptionist, the Volunteer Coordinator or send it to the e-mail above. We look forward to reading your application – we’ll be in touch!

## SECTION A: GENERAL INFORMATION

Full Name:		Date of Birth:	
Full Address:	City:	Postal Code:	
Home Phone # :	Cellphone #:		
E-mail Address:			

Briefly describe your employment, professional experience, skills or hobbies:

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Why are you interested in volunteering with Gateway of Hope? **How many hours do you require and by what date?**

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Probation Officer and Contact Information: \_\_\_\_\_

\* Please include your *Community Work Service Application* with this Volunteer Application to be considered\*

## SECTION B: AVAILABILITY AND POSITIONS

What days and times are you available to volunteer? Please select the slots that work for you.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							
Midnight   Early AM							

What area or tasks are you interested in volunteering for here at The Gateway of Hope?

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Do you have any training that would help you in this position? If yes, specify below:

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**SECTION C: PERSONAL INFORMATION**

Do you have any medical conditions or concerns that may affect you while you are volunteering?

\_\_\_\_\_

Are you currently taking any medication prescribed by a doctor that we should be aware of?

\_\_\_\_\_

**IN CASE OF EMERGENCY, PLEASE CONTACT:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

**SECTION D: COMMUNITY INVOLVEMENT**

Are you a member or affiliated with a community service group? \_\_\_\_ Yes \_\_\_\_ No

If so, what group? \_\_\_\_\_

Do you attend a local church? If so, what church: \_\_\_\_\_ Contact: \_\_\_\_\_

**SECTION E: REFERENCES**

Please list **TWO** individuals who are able to comment on your character and ability (ie. friend, small group leader):

Name:	Name:
Nature of association:	Nature of association:
Occupation:	Occupation:
Length of time known:	Length of time known:
Telephone Number:	Telephone Number:

**SECTION F: WAIVER/RELEASE OF INFORMATION**

I, the undersigned, give my authorization to The Salvation Army Gateway of Hope representatives – hereafter referred to as Gateway of Hope – to verify the information on this form. Gateway of Hope may contact my references and appropriate government agencies as deemed necessary in order to verify my suitability for involvement within the Gateway of Hope ministry.

I waive any right that I may have to inspect any information provided about me by any person or organization identified by me in this application.

I agree to be bound by the policies of Gateway of Hope, and to refrain from conduct unbecoming to The Salvation Army in the performance of my services on behalf of Gateway of Hope. If I violate these guidelines, I understand that my volunteer status may be terminated. By signing this form, I state that all of the information given to the best of my knowledge is true.

I further state that I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENTS THEREOF, AND I SIGN THIS RELEASE AS MY OWN ACT. This is a legally binding agreement which I have read and understand.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date (mm / dd / yyyy)

**SECTION G: ADDITIONAL DOCUMENTATION**

All volunteer positions that come through our Community Work Services program do not require a Criminal Record Check as the applicant must be screened and referred to The Salvation Army’s Gateway of Hope by their Probation Officer. The Probation Officer must provide adequate information including: the referral date, Probation Officer name and contact information, hours required and a consent to release information. It must be official documentation from the Ministry of Public Safety and Solicitor General. Without proper documentation the volunteer will not be permitted to volunteer at The Gateway of Hope.