



GATEWAY OF HOPE: VOLUNTEER 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:

Why are you interested in volunteering with Gateway of Hope? *If you require hours please specific here:*

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 | | | | | | | |

How long do you intend to volunteer at The Gateway of Hope?

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

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

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: OTHER FORMS/DOCUMENTATION NEEDED

- All volunteer positions that involve driving a Salvation Army vehicle require a Drivers Abstract. Obtain one by visiting your local ICBC or calling 1-800-950-1498.
- **ALL VOLUNTEER POSITIONS REQUIRE A CRIMINAL RECORD CHECK.** Please complete the hard-copy and return it with this application or complete it at: justice.gov.bc.ca/eCRC | access code: JERRQME5M
YOU WILL NOT BE PLACED IN A POSITION WITHOUT A COMPLETED CRIMINAL RECORD CHECK