



Kettle Volunteer Application
The Salvation Army Gateway of Hope
 T: 604.514.7375 | Fax: 604.514.0797
 Email: kettles@gatewayofhope.ca

Contacted:	<input type="checkbox"/>
Scheduled:	<input type="checkbox"/>
Confirmed:	<input type="checkbox"/>
Date/initial:	_____

Name:	Email:
Address:	
Phone #:	Cell #:
Emergency Contact:	Phone #:
Location Desired (not guaranteed): <input type="checkbox"/> Willoughby <input type="checkbox"/> Walnut Grove <input type="checkbox"/> Langley City <input type="checkbox"/> Aldergrove	Mode of Transportation (check one): <input type="checkbox"/> Car <input type="checkbox"/> Bus <input type="checkbox"/> Walk

Have you volunteered with the Salvation Army Gateway of Hope Kettle Campaign before? Yes____ No ____

Please check off shift preferred:

_____ Daytime (10:00 am – 6:00 pm) Shifts are 2.5 hours
 _____ Evening (6:00 pm – 9:00 pm) Shift is 3 hours

How many shifts are you able to do?

_____ All days marked below
 _____ Shifts per week (indicate number)

Dates Available in November (Please <u>indicate time</u> available beside date)					
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
				16	17
19	20	21	22	23	24
26	27	28	29	30	

Dates Available in December (Please <u>indicate time</u> available beside date)					
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
					1
3	4	5	6	7	8
10	11	12	13	14	15
17	18	19	20	21	22
24					

Please provide two references who may be contacted:		
Name	Phone	Position/Relationship

I am under age 19. My Parent or Guardian gives permission for me to volunteer.

Signature of Parent or Guardian Date

Authorization for Media Release

I, _____, authorize The Salvation Army in to use photographs, video and audio footage of me taken at The Salvation Army Gateway of Hope, or an event hosted by The Gateway of Hope to be used by The Salvation Army for any and all identification badges, marketing, public relations and promotional purposes, which they may, in their sole and absolute discretion, deem appropriate.

Signature of Applicant Date

Declaration of trust & Authorization for Collection of Personal Information:

I hereby declare that the above information is true and complete to the best of my knowledge. I understand that a false statement may disqualify me from further consideration as an employee or result in dismissal.

I authorize The Salvation Army to collect information appropriate to the position applied for concerning my academic background and employment/volunteering history, and to verify character references I have supplied.

I understand that the information obtained will be confidential but may be shared with relevant Salvation Army personnel and other organizations in order to obtain an appropriate paid or non-paid position.

Signature of Applicant Date

FOR OFFICE USE ONLY:

DATE RECEIVED:	RECEIVED BY:
ID PHOTO TAKEN: <input type="checkbox"/> YES <input type="checkbox"/> NO	

NOTES:
