

## Volunteer Opportunities

### *After School Program Volunteer*

Volunteers would assist children with homework and help staff with other activities as needed. Opportunity to help children focus on academic enrichment and recreational opportunities.

The Salvation Army BLAST(Bright Learners After School Team) program is part of a licensed facility, serving 24 middle school age children residing on site in our housing program.

**Skills Needed:** Understanding of elementary education is required. Creative, interactive, artistic skills are a plus. Background in leading team activities is helpful

### *Emergency Shelter Volunteer*

The Salvation Army-Zahn Emergency Shelter for families is located near the Staples Center in Los Angeles. This is a 16 room shelter that provides temporary shelter, meals, case management and related services to homeless families.

We are looking for caring, committed volunteers to assist staff with administrative duties as assigned. Knowledge of issues related to homelessness is helpful. The shifts available vary since its a 24 hour facility, which includes weekends.

**Skills Needed:** Answer phones, dependable, reliable: Good communication skills, basic computer knowledge, adhere to workplace policies & boundaries with clients/staff on duty.

## Volunteer Application Check List

- Volunteer Packet Submitted
- ABSO Background Check Release Processed
- Interview with Supervisor and Reference Check Completed
- TB Test Results Submitted
- Protecting the Mission Training Completed

## Volunteer Contact

Julie Lewis  
Community Care Coordinator  
(323) 454-4200 T  
(323) 454-4226 F  
julie.lewis@usw.salvationarmy.org

## Contact Information

Volunteer Name \_\_\_\_\_ Email \_\_\_\_\_  
Address \_\_\_\_\_  
Street City State Zipcode  
Home Phone \_\_\_\_\_ Work \_\_\_\_\_ Mobile \_\_\_\_\_

## Emergency contacts

First Contact \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_  
Street City State Zipcode  
Home Phone \_\_\_\_\_ Work \_\_\_\_\_ Mobile \_\_\_\_\_

Second Contact \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_  
Street City State Zipcode  
Home Phone \_\_\_\_\_ Work \_\_\_\_\_ Mobile \_\_\_\_\_

## Physician

Physician Name \_\_\_\_\_ Facility \_\_\_\_\_  
Address \_\_\_\_\_  
Street City State Zipcode  
Day Phone \_\_\_\_\_ Evening \_\_\_\_\_ Mobile \_\_\_\_\_

## Insurance & Medical Information

Insurance Carrier \_\_\_\_\_ Group Number \_\_\_\_\_ Subscriber Number \_\_\_\_\_

Do you have any known medication allergies?  Yes  No  
Known Medication Allergies \_\_\_\_\_

Are you taking any prescribed medications on a regular basis?  Yes  No  
Known Medication Allergies \_\_\_\_\_

Blood Type \_\_\_\_\_

## Participation Waiver

I wish to participate as a volunteer at:

- The Salvation Army Alegria Child Development Center
- The Salvation Army Zahn Emergency Shelter

I represent and warrant that I have the legal capacity to enter into this agreement and that there exists no order or instrument which limits my ability to enter into this agreement.

I represent and warrant that I am in good health and of sufficient physical fitness to participate in the Activity, and I do not know of any physical condition which would prevent my participation, cause harm to me, or cause harm to others.

I understand that participation in the Activity places me at risk for serious personal injury, including death, and loss resulting from any number of factors including, but not limited to, the physical condition of the facility, use of equipment, weather that may be experienced, and conduct of other participants.

In consideration for the opportunity to participate in the Activity, I agree on behalf of myself, as well as my estate and assigns, to relieve The Salvation Army and its officers, directors, employees, volunteers, and agents from any and all liability, including without limitation negligence, in connection with any injury, loss, or damage to person, including death, or any injury, loss, or damage to property in connection with my participation, to the maximum extent permitted by law.

I hereby authorize the employees, volunteers, and agents of The Salvation Army to provide reasonable and necessary emergency treatment for me while I am participating in the Activity, if The Salvation Army determines in its discretion that such treatment is necessary. I further agree to pay for any reasonable and necessary medical treatment upon presentation of the medical provider's bill or statement. I accept full financial and legal responsibility for my conduct during participation.

- I understand transportation to, from, and during the Activity will not be provided. **Initials:** \_\_\_\_\_
- I hereby authorize the employees, volunteers, and agents of The Salvation Army to provide transportation for me in a motor vehicle owned, leased, or rented by The Salvation Army, during my participation in the Activity. I understand that transportation in a motor vehicle places me at risk for serious personal injury, including death, and loss. **Initials:** \_\_\_\_\_

In consideration for The Salvation Army providing transportation for me, I agree on behalf of myself, as well as my estate and assigns, to relieve The Salvation Army and its officers, directors, employees, volunteers, and agents from any and all liability, including without limitation negligence, in connection with any injury, loss, or damage to my person, including death, or any injury, loss, or damage to property in connection with my transportation, to the maximum extent permitted by law. Initials: \_\_\_\_\_

I understand that by signing this Participation and Authorization Waiver, I give up my right to sue The Salvation Army. I agree that if any provision or part of any provision or the application of such is held invalid, illegal, or unenforceable, the validity of all other provisions in this Participation and Authorization Waiver shall remain unaffected.

**Print Name** \_\_\_\_\_ **Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

## Volunteer Safety Rules

The following are basic rules to ensure your health and safety as a volunteer. Your signature indicates that you have read, understand, and agree to comply with the safety rules in the workplace.

1. All volunteers shall report any injury, personal or vehicle accidents to their immediate supervisor as soon as is reasonably possible.
2. Report immediately any condition, practice or equipment you think might cause bodily injury or property damage.
3. Obey all safety rules, signs, markings and instructions. Be familiar with those that apply directly to you. If you are uncertain, please ask.
4. If you are given instructions, which you do not understand, ask questions rather than proceeding.
5. "Horseplay" as it is commonly referred to, is absolutely forbidden.
6. Drinking alcoholic beverages or using illegal drugs, whether it is on the premises or in a vehicle, is grounds for automatic dismissal.
7. Clothing which is suitable for the work situation is mandatory. Loose or baggy garments, which can be caught in moving machinery, are prohibited.
8. When you find oil, water or any other liquid on the floor, it should be cleaned up immediately. The cause of the spill should be identified and repairs completed immediately. If it is beyond your control, notify your supervisor.
9. All volunteers have a responsibility to participate in keeping the work area clean and free of accidents hazards. Broken glass, pieces of wood, discarded pallets and other unsafe debris should be properly discarded by all volunteers.
10. All volunteers shall keep aisles clear, refrain from stacking things on stairways and keep the areas in front of electrical panels free of materials at all times.
11. Do not store or temporarily place any materials that block fire extinguisher, automatic sprinkler valves, sprinkler heads, emergency exits or other areas of important access.
12. Do not operate any equipment, which is not in a safe condition.
13. Safety and personal protective equipment should be used when required and maintained in condition.
14. Do not stand on machinery, furniture, boxes and the top rung of any ladder or other unsafe items when attempting a task too high for your height. Ladders should always be used to reach high places. **USE ONLY THE PROPER LADDER.**
15. Review the bulletin board for more information.

I have read and understand the above General Safety Rules, and I know to consult my supervisor if I have any questions or concerns.

Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

## Volunteer Statement Involving Work with Children

This statement will be completed by all volunteer applicants for any position involving the supervision or custody of children (under 18 years of age) or for any position in which the applicant is in any way involved with children. The completion of the statement will help to assure The Salvation Army that it will provide a safe and secure environment to those children who participate in its programs and who use its facilities.

### Personal Information

Name \_\_\_\_\_  
Last First Middle

Present Address \_\_\_\_\_  
Number Street City State Zip

Home Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Social Security No. \_\_\_\_\_

Present Church \_\_\_\_\_

Minister of the Church \_\_\_\_\_

Other Churches attended regularly during the past ten years: \_\_\_\_\_

Education or training for work with children (List formal education courses and on the job training participated in, identifying the institution). \_\_\_\_\_

### Personal References (not relatives)

Name \_\_\_\_\_ Name \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

Telephone # \_\_\_\_\_ Telephone # \_\_\_\_\_

All prior work with children (List the church or other organization conducting the program, the name of the immediate supervisor and, if known, the name, address and telephone number of any individual now involved in the program.) \_\_\_\_\_

\* For purposes of this Statement, the words "child" and "children" mean individuals below the age of 18 years.

As the applicant described above, I do hereby represent to The Salvation Army, with the understanding that The Salvation Army will rely upon the information provided in considering my application for work with children, that the foregoing information and following statements are true:

1. In my prior employment, I have never used a name other than that set forth above.
2. I understand the essential duties of my position in connection with the working with children in the programs of The Salvation Army. I am able to perform those essential job duties with no accommodation except as follows: \_\_\_\_\_
3. I have never been accused of abuse of a child or of actual or attempted sexual molestation of a child, either in a program for children or otherwise.

If the foregoing statement is not true, please describe the circumstances of the accusation and the outcome:  
\_\_\_\_\_

4. I have never been arrested as a result of a charge of child abuse or of actual or attempted sexual molestation of a child.
5. I have never been convicted of child abuse or a crime involving actual or attempted sexual molestation of a child.
6. I authorize any of the churches or other organizations and their representatives and my personal references listed above to give to The Salvation Army any information they may have regarding my character and fitness for work with children. I release all such organizations and individuals from any liability that may result from their furnishing such information to The Salvation Army. I waive any right that I may have to inspect any records containing such information.
7. I am aware that The Salvation Army is a branch of the Christian Church and, in the event that my application is accepted, I agree that I will conduct myself in my work with children in a way that is consistent with the religious and charitable policies and principles of The Salvation Army.
8. Having provided the foregoing information and having affirmed the foregoing statements are true, I recognize that any false information or statements are punishable under the laws relating to perjury.

\_\_\_\_\_  
**Applicant Signature**  
**Date** \_\_\_\_\_ **20**\_\_\_\_\_

\_\_\_\_\_  
**Signature of Witness**

**Name** \_\_\_\_\_  
**Please Print**

**Address** \_\_\_\_\_

\_\_\_\_\_  
**City**                      **State**                      **Zip**



# AGREEMENT, AUTHORIZATION, AND CONSENT FOR RELEASE OF BACKGROUND INFORMATION

PLEASE TYPE OR PRINT

I, \_\_\_\_\_  
 LAST NAME FIRST NAME MIDDLE NAME (PLEASE INCLUDE Jr., Sr., II, III Etc.)

understand that in conjunction with my application for employment, work to be performed under contract, promotion, volunteer position, officership, lay missionary work, reassignment, and/or retention ("Engagement"), **The Salvation Army** will use the services of an outside agency to research and verify the information I have provided on my application for Engagement including my personal background, character, professional standing, work history and qualifications. This agency will provide a written report of its findings to **The Salvation Army**. **The Salvation Army** uses **Abso**, a consumer-reporting agency, as an agent to perform its Engagement related background investigations.

**Abso** will utilize various sources of information it deems appropriate including but not limited to: criminal records, sex offender registries department of motor vehicle records, SSN trace, and other related sources of information required to perform its investigation. I agree, authorize and consent to the release and disclosure of any and all information including but not limited to the above to **The Salvation Army**, and **Abso**.

I agree, authorize and consent to the procurement of a Consumer Report and/or an Investigative Consumer Report and understand that it may contain information about my character, general reputation, personal characteristics, or mode of living. This authorization in original or copy form shall be valid for my term of Engagement from the date indicated next to my signature. According to the Fair Credit Reporting Act, I will be notified by **The Salvation Army** if Engagement is denied because of information obtained from a Consumer Reporting Agency. Additionally, I understand that if requested within 60 days, I will be given a full and accurate disclosure as to the nature and substance of all information provided to **The Salvation Army**. I further understand that I may request a copy of the report, and that when doing so, proper identification will be required and I should direct my request to: **Abso**, 101 Creekside Ridge Ct., 2<sup>nd</sup> Floor, Roseville, CA 95678. I understand that residents of all states will automatically receive a copy of the report if an adverse action is taken regarding the employment application, or upon request as outlined herein.

CHECK THIS BOX IF you are applying for work with a California, Minnesota or Oklahoma based employer and you would like a copy of your Consumer Report if one is prepared in the investigation of your background. CA Codes 1785.20.5 & 1786.16(a)(5)(b)(1), MN Code 13C Subdivision 2, OK Code 24 O.S. §148

**LAW ENFORCEMENT AGENCIES AND OTHER ENTITIES FOR POSITIVE IDENTIFICATION PURPOSES REQUIRE THE FOLLOWING INFORMATION WHEN CHECKING PUBLIC RECORDS. IT IS CONFIDENTIAL AND WILL NOT BE USED FOR ANY OTHER PURPOSES. PLEASE PRINT CLEARLY.**

Signed	Today's Date
Name as it appears on your driver's license	Driver's License Number <span style="float: right;">State</span>
- - / / Social Security Number Date of Birth	Position Applied For/Current Position
Location Applied At	<input type="checkbox"/> Officer <input type="checkbox"/> Employee <input type="checkbox"/> Volunteer <input type="checkbox"/> MVR Only
Other names you have used, or are also known as, including maiden name, name changes and any aliases:	

**PLEASE PROVIDE ALL RESIDENTIAL ADDRESSES FOR THE PAST 7 YEARS** Mo./Yr. / Mo./Yr

Current Address:	Street	Apt.#	City	State	Zip Code	From / To?
Former Address:	Street	Apt.#	City	State	Zip Code	From / To?
Former Address:	Street	Apt.#	City	State	Zip Code	From / To?
Former Address:	Street	Apt.#	City	State	Zip Code	From / To?

*Para informacion en espanol, visite [www.ftc.gov/credit](http://www.ftc.gov/credit) o escribe a la FTC Consumer Response Center, Room 130-A 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.*

## **A Summary of Your Rights Under the Fair Credit Reporting Act**

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to [www.ftc.gov/credit](http://www.ftc.gov/credit) or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.

- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:

- a person has taken adverse action against you because of information in your credit report;
  - you are the victim of identify theft and place a fraud alert in your file;
    - your file contains inaccurate information as a result of fraud;
      - you are on public assistance;
  - you are unemployed but expect to apply for employment within 60 days.

In addition, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See [www.ftc.gov/credit](http://www.ftc.gov/credit) for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.

- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See [www.ftc.gov/credit](http://www.ftc.gov/credit) for an explanation of dispute procedures.

- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.

- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.

- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need -- usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.

- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to [www.ftc.gov/credit](http://www.ftc.gov/credit).
- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit [www.ftc.gov/credit](http://www.ftc.gov/credit).

**States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. Federal enforcers are:**

<b>TYPE OF BUSINESS:</b>	<b>CONTACT:</b>
Consumer reporting agencies, creditors and others not listed below	Federal Trade Commission: Consumer Response Center - FCRA Washington, DC 20580 1-877-382-4357
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 202-452-3693
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)	Office of Thrift Supervision Consumer Complaints Washington, DC 20552 800-842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-519-4600
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Consumer Response Center, 2345 Grand Avenue, Suite 100 Kansas City, Missouri 64108-2638 1-877-275-3342
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation , Office of Financial Management Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator - GIPSA Washington, DC 20250 202-720-7051