



Giving Hope Today

The Salvation Army Consent to Sharing Information Form 2025

The Salvation Army collects and uses personal information to support clients' request for assistance and determine eligibility for the Pathway of Hope program. We collect information directly from you through the intake process. To better understand your needs and those of others we serve, we may contact you to conduct surveys.

Once collected personal information may be stored at the location where you access services, in the Link2Feed database, and on Salvation Army servers at other locations. We use your information to communicate with you through text messages, e-mail, and telephone conversations.

To minimize duplication of services, we may collect from or disclose your information to other food banks. We will seek further consent from you to share your information with other organizations. Disclosure of your information may also occur if The Salvation Army believes in good faith that the law requires it. This may occur where there is a court order or a risk of harm to yourself or others, including elderly persons or minors.

You have the right to receive a copy of the information that The Salvation Army has about you or your dependents, to correct mistakes in that information, and to withdraw consent to further collection, use and disclosure of your personal information by The Salvation Army.

If you have questions, concerns, or a complaint about the handling your personal information, discuss them with the Salvation Army representative at the location where you are being served or ask for the contact information of the Privacy Officer of The Salvation Army. You may request a copy of The Salvation Army Privacy Policy at any time.

- I have read and understood the information above.
- I consent to The Salvation Army collecting, using, storing, and disclosing my personal information as outlined above and in the detailed document posted at the location where I am served.
- In applying for assistance from The Salvation Army on behalf of my household, and sharing information about my family members, I confirm that I am sharing this information with the knowledge and permission of all household members age 18 and over (AB, SK, MB, ON, PE) or age 19 and over (BC, NT, NU, YT, NB, NL, NS).

Client Signature: _____

Date: _____