

THE SALVATION ARMY GROUP VOLUNTEER FORM

Join our Behind the Shield volunteer team!

Your dedication and efforts will have an immense impact on the amount of life-changing support we are able to give to communities across the Canada and Bermuda Territory. Volunteers are vital to the work we do and help The Salvation Army to continue making a difference every day.

Please complete this form to volunteer.

Personal Details

Company Name: _____

Contact Name: _____

Email: _____

☐ I agree to receive emails from The Salvation Army in Canada. *(You can withdraw your consent at any time.)*

Are all volunteers over the age of 15? ☐ Yes ☐ No

Number of volunteers in group: _____

Why Do You Want to Volunteer?

- ☐ Give back to the community
- ☐ Develop new skills and gain more experience
- ☐ Demonstrate commitment to a cause/belief
- ☐ Be part of a team and share my skills
- ☐ Earn academic credit
- ☐ Other: _____

Address Information

Street Address: _____

Address Line 2: _____

City: _____

Prov/Terr: _____ Postal Code: _____

Phone: _____

Your Availability

Check all times your group would be able to volunteer:

| | | | |
|-----------|----------------------------------|------------------------------------|----------------------------------|
| Sunday | <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon | <input type="checkbox"/> Evening |
| Monday | <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon | <input type="checkbox"/> Evening |
| Tuesday | <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon | <input type="checkbox"/> Evening |
| Wednesday | <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon | <input type="checkbox"/> Evening |
| Thursday | <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon | <input type="checkbox"/> Evening |
| Friday | <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon | <input type="checkbox"/> Evening |
| Saturday | <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon | <input type="checkbox"/> Evening |

Is there anything else you want us to know about your group?

