



THE SALVATION ARMY
BARRIE CHURCH
 151 Lillian Crescent
 Barrie, Ontario L4N 5X5
 Phone: 705-737-3102
 Fax: 705-734-3830
 Email: sabarrie@telizon.ca

Giving Hope Today

SUPER SATURDAY STAFF APPLICATION FORM

Name: _____

Full Street Address: _____

Telephone: (H) _____ (C) _____

Email: _____

Birthday: Month ____ Day ____ Year ____ Grade Completed: ____

In Case of emergency, please contact _____ Relationship _____

Telephone number for Emergency Contact (H) _____ (C) _____

Is this a request for School Mandated Student Hours Yes ____ No ____

Agreement:

If accepted as a Salvation Army Super Saturday volunteer, I agree to the following:

1. To participate in designated training sessions when provided to help in my volunteer assignment.
2. To fulfill the volunteer hours agreed upon.
3. To maintain strict confidentiality.
4. To wear required identification when on duty as required.
5. To adhere to the smoke free environment.
6. To support the principles of The Salvation Army and the implementation of the mission of The Salvation Army while on duty as a volunteer.
7. To agree to police check if necessary. (AGES 18 YRS AND OLDER) Upon request the office will provide you with a letter confirming your desire to be a volunteer in our program.

Applicant Signature

Date

Signature of Parent or Guardian – Applicant under 18

Date

Signature of Super Saturday Coordinator

Date