



**THE SALVATION ARMY  
BARRIE CHURCH**  
151 Lillian Crescent  
Barrie, Ontario L4N 5X5  
Phone: 705-737-3102  
Fax: 705-734-3830  
Email: [BarrieCitadel.Info@salvationarmy.ca](mailto:BarrieCitadel.Info@salvationarmy.ca)



Giving Hope Today

## VACATION BIBLE CAMP 2023 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 VBS 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 VBS Coordinator

\_\_\_\_\_  
Date