



# THE SALVATION ARMY

## Northern Division Emergency Disaster Services

2445 Prior Ave N, Roseville, MN 55113  
Serving Minnesota and North Dakota  
www.thesalarmy.org

### Northern Division EDS Volunteer Application

#### Personal Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Ph: ( \_\_\_\_ ) \_\_\_\_\_ Cell Ph: ( \_\_\_\_ ) \_\_\_\_\_

E-mail: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

#### Employment Information

Employer: \_\_\_\_\_ Work Ph.: ( \_\_\_\_ ) \_\_\_\_\_ Fax: ( \_\_\_\_ ) \_\_\_\_\_

Occupation/Title: \_\_\_\_\_

May Metro EDS contact you at work? Y N E-mail: \_\_\_\_\_

#### Medical & Emergency Contact Information

Emergency Contact Person: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Ph.: ( \_\_\_\_ ) \_\_\_\_\_ Work Ph.: ( \_\_\_\_ ) \_\_\_\_\_ Cell: ( \_\_\_\_ ) \_\_\_\_\_

List medical restrictions / conditions or medication: \_\_\_\_\_

#### Volunteer Opportunity Information

I am interested in doing the following types of volunteer work for The Salvation Army:

<u>Canteen Services</u>	<u>Communications</u>	<u>Warehouse / Distribution Center</u>	<u>Team Leader:</u>
Canteen Server Y N	Am. Radio HF VHF	Maintenance Y N	Mechanical Y N Logistics Y N
Canteen Driver Y N	Internet Y N	*Fork Lift Op Y N	Supplies Y N Operations Y N
Supply Driver Y N	Dispatcher Y N	Truck Driver Y N	Command Y N
	Technical Y N	* Fork Lift Operators need license	Finance Y N
			Planning Y N

Are you a licensed Ham Radio Operator? Yes or No If yes, what is your call sign? \_\_\_\_\_

Type License: \_\_\_\_\_ Are you currently a SATERN Volunteer? Y N

## Education Information

High School or GED: \_\_\_\_\_ Vo Tech / Associates Degree – Subject(s): \_\_\_\_\_

Bachelor Degree(s) - Major(s): \_\_\_\_\_ Minor(s): \_\_\_\_\_

Masters Degree(s) - Subject(s): \_\_\_\_\_

Doctorate(s) - Subject(s): \_\_\_\_\_ Other Formal Training /Education \_\_\_\_\_

Foreign Languages Spoken: \_\_\_\_\_

## Emergency & Disaster Services Information

### Certifications & Licenses

Firefighter: \_\_\_ Law Enforcement: \_\_\_ First Responder: \_\_\_\_\_ Emergency Manager: \_\_\_

First Aid: \_\_\_ CPR: \_\_\_ EMT: \_\_\_\_\_ Paramedic: \_\_\_ Nurse: \_\_\_ Physician Assistant: \_\_\_

Physician (Specialties): \_\_\_\_\_

### Specialized Disaster Training Information\*\*

National EDS Courses \_\_\_\_\_

FEMA Courses \_\_\_\_\_

MN State Courses \_\_\_\_\_

CISM \_\_\_\_\_

\*\* (List courses in disaster service, emergency management or related fields. Please attach Transcript(s) or send at a later time. We are required by our Territorial office to have them on file. We can make copies and send originals back to you.)

### Response Scheduling Information

- |  |   |   |
|--|---|---|
| 1. Willing to respond when the need arises on a 24/7 basis                   | Y | N |
| 2. Willing to participate in scheduled exercises and/or trainings            | Y | N |
| 3. Willing to participate in scheduled non-emergency events (PR type events) | Y | N |
| 4. Willing to respond to Divisional Disasters as needed                      | Y | N |

Response Availability Info: "Circle" when available

Days: Mon Tue Wed Thu Fri Sat Sun No Restrictions

Shifts: 12-8am 8am – 5pm 5pm – 12pm No Restrictions

Certain hours you prefer not to be called for response: \_\_\_\_\_

How many shifts are you willing to be called each month? – Goal is 2 to 3 per month  
\_\_\_\_\_

Periods when you are generally not available (Vacation, Etc) \_\_\_\_\_

Signed: \_\_\_\_\_ Dated: \_\_\_\_\_



## The Salvation Army Code of Conduct for Disaster Workers

The Salvation Army is a worldwide religious and charitable organization, motivated by the love of God and concern for the needs of humanity. The Army's tradition of helping those in need began more than 150 years ago, and providing emergency relief to disaster victims is just one of many services The Salvation Army offers to those in need.

Salvation Army disaster workers are expected to respect this tradition of service and conduct themselves in a manner reflective of the compassion and dignity of Christ. You are expected to adhere to the highest standards of personal, professional and business ethics and to always use common sense and good judgment about the way you conduct yourself when on duty or representing The Salvation Army. Most of all, it is expected that all disaster workers of The Salvation Army will treat those we serve with respect and care, dispensing services equally and without discrimination.

As a Salvation Army disaster worker, you pledge to:

- Treat all people equally and deliver services without discrimination for any reason;
- Respect cultural and religious differences and accommodate these differences in the delivery of services;
- Protect the confidentiality of our clients and to refrain from disclosing sensitive information;
- Be mindful of expenses and help ensure that all donations, financial or in-kind, are used expressly for the purpose the donor intended;
- Refrain from business or conduct that is unethical or damaging to The Salvation Army's reputation;
- Avoid engaging in any illegal activity; and
- Support the Christian principals and mission of The Salvation Army.

When feasible, Salvation Army disaster workers should remove their disaster apparel and identification when off-duty. The Salvation Army does not support the use of alcohol. Smoking and the use of other tobacco products is not permitted within Salvation Army facilities, and Salvation Army disaster workers should refrain from using these products while engaged in service delivery.

Inappropriate or unethical behavior may result in corrective action, including permanent dismissal as a Salvation Army disaster worker.

To express your understanding of this Code, please sign below:

**Participant Name** (please print): \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Important:** All **VOLUNTEER** Salvation Army disaster workers, aged **18 & older**, must have a signed Waiver of Liability on file. Please complete the following form and return this form to your local Salvation Army unit.



### Volunteer Release and Waiver of Liability

This release and Waiver of Liability (the “Release”) executed on this \_\_\_\_\_ day of \_\_\_\_\_, by \_\_\_\_\_ (the “Participant”) in favor of **THE SALVATION ARMY, AN ILLINOIS CORPORATION**, a non-profit corporation organized and existing under the laws of the State of Illinois, USA, its directors, officers, employees, volunteers and agents (collectively, “The Salvation Army”).

I, the Participant, desire to volunteer with The Salvation Army to provide emergency disaster relief services and engage in the activities related to offering these services. I understand that the activities may include, but are not limited to, travel to disaster sites in the United States; transportation in commercial and Salvation Army-owned vehicles; moving and lifting heavy objects; cooking and serving food; and working and inhabiting environments that may be without power, sanitation, or are otherwise damaged by the disaster event.

I hereby freely and voluntarily, without duress, execute the Release under the following terms:

- 1. Waiver and Release.** I, the Participant, release and forever discharge and hold harmless The Salvation Army from any claim or liability that I, the Participant, may have against The Salvation Army with respect to any bodily injury, personal injury, illness, death or property damage that may result from my participation in a disaster relief operation. I also understand that The Salvation Army does not assume any responsibility or obligation to provide financial or other assistance, including, but not limited to medical, health, or disability insurance, in the event of injury, illness, death or property damage (see insurance requirements below).
- 2. Insurance.** The Salvation Army does not carry or maintain, and expressly disclaims responsibility for providing any health, medical or disability insurance coverage for the Participant. **EACH PARTICIPANT IS EXPECTED AND ENCOURAGED TO CARRY PERSONAL LIABILITY OR HEALTH INSURANCE PRIOR TO REGISTERING AS A SALVATION ARMY DISASTER WORKER.**
- 3. Medical Treatment.** Except as otherwise agreed to by The Salvation Army in writing, I hereby release and forever discharge The Salvation Army from any claim whatsoever which arises or may hereafter arise on account of any first-aid treatment or other medical services rendered in connection with an emergency during my time with The Salvation Army.
- 4. Assumption of Risk.** I understand that my time with The Salvation Army may include activities that may be hazardous to me, including, but not limited to, cook and food preparation activities, loading and unloading of heavy equipment and materials, transportation to and from the disaster site, and working in locations damaged by the effects of a disaster. I recognize and understand that my time with The Salvation Army may, in some situations, involve inherently dangerous activities. I hereby expressly and specifically assume the risk of injury or harm in these activities and release The Salvation Army from all liability for injury, illness, death or property damage resulting from the activities of my time with The Salvation Army.
- 5. Photographic Release.** I grant and convey unto The Salvation Army all right, title and interest in any and all photographic images and video or audio recordings made by The Salvation Army during my work for The Salvation Army, including, but not limited to, any royalties, proceeds or other benefits derived from such photographs or recordings.
- 6. Other.** I understand that it is my desire to further the work of The Salvation Army by performing services as a Volunteer, specifically as a Volunteer in Emergency Disaster Services. I undertake to perform said services as a Volunteer without compensation and that, in performing said services, I acknowledge that I am not acting as an employee of The Salvation Army.

To express my understanding of this Release, I sign here with a witness.

**Participant Name (please print):** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Witness Name (please print):** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



DOING THE MOST GOOD™



# Northern Division Volunteer Application

DHQ Processed on: \_\_\_\_\_

V  SFH  CC  MVR

Full Legal Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Home Phone ( \_\_\_\_ ) \_\_\_\_\_ Work Phone ( \_\_\_\_ ) \_\_\_\_\_ Cell Phone ( \_\_\_\_ ) \_\_\_\_\_

Current place of employment: \_\_\_\_\_

E- Mail Address: \_\_\_\_\_

### Personal References (must be over 18 years of age and not relatives) (Supervisor comments on reverse side of the page):

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone: ( \_\_\_\_ ) \_\_\_\_\_ Supervisor checked ref on: \_\_\_\_\_ Int: \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone: ( \_\_\_\_ ) \_\_\_\_\_ Supervisor checked ref on: \_\_\_\_\_ Int: \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone: ( \_\_\_\_ ) \_\_\_\_\_ Supervisor checked ref on: \_\_\_\_\_ Int: \_\_\_\_\_

### Volunteering

I am interested in volunteer work in the following areas: ( Please X all that apply)

Child Care  Mentoring  Office Help  Driving  Seniors  Meal Serving  Data Entry

Art or Music  After School Programs  Food Shelf  Phones  Yard and Buildings projects

Thrift Store  Bell-ringing  Emergency Disaster Services  Church  Christian Teaching

Other  \_\_\_\_\_ Other  \_\_\_\_\_ Other  \_\_\_\_\_

I prefer to volunteer in the following area (neighborhood, community, etc):

Do you speak another language or do you have other skills you would like to apply as a volunteer:

In the appropriate box below, please indicate the days and times you are available to volunteer:

	<b>Mornings</b>	<b>Afternoons</b>	<b>Evenings</b>
<b>Monday</b>			
<b>Tuesday</b>			
<b>Wednesday</b>			
<b>Thursday</b>			
<b>Friday</b>			
<b>Saturday</b>			
<b>Sunday</b>			

**Photo Release Consent:** By initialing this application, I hereby give permission to be photographed by a Salvation Army representative and irrevocably grant The Salvation Army the absolute right to copyright and/ or publish said images made through any media for art advertising, marketing or any other lawful purpose. Initials: \_\_\_\_\_

**Confidentiality Agreement:** By submitting this application, I promise that I shall hold in confidence all information regarding callers and clients of The Salvation Army. I will not violate the confidential relationship between the programs, volunteers, staff and callers/ clients. I will not remove from the office any written client records or copies. I understand and agree that I am personally responsible and liable for any violation of the agreement. Initials: \_\_\_\_\_

**Mailings: Do you object to receiving solicitations from The Salvation Army? Yes  No**

### **Emergency Contact Information**

*Whom should we contact in the event of an emergency?*

Name: \_\_\_\_\_

Street Number \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

Is there anything we should know in case of an emergency? \_\_\_\_\_

### **Criminal History**

Have you ever been convicted of a felony? – and/or –Within the last two years, have you been convicted of a misdemeanor which resulted in imprisonment/jail? (Note: A conviction will not necessarily disqualify you from a volunteer position. You should not disclose any information regarding criminal arrest or conviction records that have been expunged or sealed.)

Yes  No  If yes, please explain in detail on the reverse side of this page.

**Your signature verifies that all information in this volunteer application is true to the best of your knowledge and you permit The Salvation Army to follow up on any information given.**

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**

**Special Note:** Minor Applicants require parental or guardian consent to volunteer and that the information provided by the minor child is accurate and complete:

\_\_\_\_\_  
**Signature of Parent or Guardian**

\_\_\_\_\_  
**Date**

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

**PLEASE TYPE OR PRINT CLEARLY**

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, 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 Employment related background investigations.

Abso will utilize various sources of information it deems appropriate including but not limited to: criminal records, current and former employers, department of motor vehicle records, military records, credit reporting agencies, education records, licensing authorities, state and federal sanctioning authorities, professional and personal references and workers compensation records including any and all injuries in compliance with the Americans with Disabilities Act. 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 Investigative Consumer Report and understand that it may contain information about my credit worthiness, credit standing, credit capacity, 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, 3009 Douglas Blvd., 3<sup>rd</sup> Floor, Roseville, CA 95661. 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.

Run Credit Check? Yes \_\_\_\_\_ No \_\_\_\_\_ Applicant Signature \_\_\_\_\_ Date: \_\_\_\_\_

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 \_\_\_\_\_ Position Applied For \_\_\_\_\_  
Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_ Corps/Unit Location \_\_\_\_\_

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
Street	Apt#	City	State	Zip Code	From / To?
Street	Apt#	City	State	Zip Code	From / To?
Street	Apt#	City	State	Zip Code	From / To?
Street	Apt#	City	State	Zip Code	From / To?

HR Location Code \_\_\_\_\_  
Northern Division Volunteer Application

Date HR mailed to THQ: \_\_\_\_\_

# MVR Driver Application Form

FAX TO: MAJOR SHARON HALE AT DHQ (651) 746-3488

Operating Unit: \_\_\_\_\_

Location Code # 207 - \_\_\_\_\_

**To be completed by any person who regularly drives or as part of their position, is required to drive a Salvation Army owned vehicle or drives any vehicle for Salvation Army purposes regardless of ownership.**

Please Send to Command Headquarters for Processing:

**NORTHERN DIVISION**

CHECK ONE:	OFFICER	CADET	OFFICER CHILD	EMPLOYEE	VOLUNTEER
NAME		DATE OF BIRTH	SS#		
STATE LICENSE ISSUED		NUMBER YEARS DRIVING	DRIVERS LICENSE NUMBER #		

List below all States in which license(s) were held during the past 3 years (include dates of licensing):

- 
1. Have you ever had your license suspended or revoked? Yes  No
  2. Have you ever been convicted of a felony (involving the use of a motor vehicle)? Yes  No
  3. Have you ever been convicted of reckless driving, hit and run, and/or failure to report an accident, driving under suspension, vehicular homicide, fleeing or eluding the police, chemical test failure or refusal? Yes  No
  4. Have you ever been convicted of a DWI, (driving while intoxicated) or DUI (driving under the influence of an impairing substance)? Yes  No
  5. Do you have any physical/medical impairments which affect your driving ability? Yes  No

**FURNISH DETAILS TO ALL YES ANSWERS ON THE BACK OF THIS FORM OR A SEPARATE SHEET.**

**LIST ALL ACCIDENTS AND VIOLATIONS WITHIN THE LAST 36 MONTHS:**

Note: All accidents are chargeable unless proof of non-chargeability is furnished. Proof may be in the form of police report, letter from insurance company, or by any other documentation, which proves non-chargeability.

Date of Accident/Violation	Description of Accident/Violation	State of Occurrence	Bodily Injury Yes No	Property Damage Amount

**APPLICANT'S STATEMENT:**

I have read the above application and declare that to the best of my knowledge and belief all the foregoing statements are true, and that these statements are offered as an inducement to permit my operation of a motor vehicle and will be relied upon by The Salvation Army for that purpose. I hereby authorize The Salvation Army to obtain a transcript of my driving record from any State Motor Vehicle Department. I hereby authorize Chesterfield Services, Inc. to release to The Salvation Army any and all information contained in a Motor Vehicle Report, on file under the above name and driver's license number(s). I further commit to notify The Salvation Army immediately upon the suspension of my driving privileges, for any reason.

Please attach a copy of your unexpired driver's license.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**THE SALVATION ARMY  
VOLUNTEER VEHICLE INFORMATION**

**I agree for myself, heirs or assigns, that should any accident occur involving personal injury to myself or loss or damage to my property during my volunteer service with The Salvation Army and its programs, to hold The Salvation Army free and harmless from any and all liability in connection therewith.**

**I understand that no automobile may be used in The Salvation Army service in any capacity unless insured as required by State Law. Proof of such insurance shall be required. I understand that although I may use my vehicle on official Salvation Army business that my personal insurance is primary.**

**I understand that I am required to have the State's minimum insurance coverage for the following areas:**

- 1. Medical and rehabilitation expenses**
- 2. Non-medical benefits**
  - A. Loss of income**
  - B. Replacement services commencing one week after the crash**
- 3. Survivor or death benefits which include:**
  - A. Loss of income**
  - B. Replacement services; and**
  - C. Funeral and burial benefits**
- 4. Liability coverage (per person, per accident and property damage)**
- 5. Uninsured and under insured motorist coverage per person and per accident.**

<b>Drivers Name</b>	
<b>Vehicle Make/model/year</b>	
<b>License # &amp; State issue</b>	

<b>Insurance Agency</b>	
<b>Policy #</b>	
<b>Insurance Agents Name</b>	
<b>Phone #</b>	

<b>Date:</b>	<b>Signature:</b>
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**Statement**

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 volunteer work, 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 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.

\_\_\_\_\_  
Date \_\_\_\_\_ Applicant \_\_\_\_\_ 20\_\_\_\_

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

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

Address \_\_\_\_\_

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

**(The remaining sections are to be completed by Salvation Army personnel)**

1. All references identified above have been contacted and

- There were no reports of misconduct involving children; or
- Misconduct involving children was reported – applicant is not approved for work with children and name has been reported to headquarters for inclusion in the Territorial Registry.

\_\_\_\_\_  
Immediate Supervising Officer

\_\_\_\_\_  
Date

2. Applicant's name has been checked in the Territorial Registry and

- The applicant's name did not appear in the Territorial Registry; or
- The applicant's name appeared in the Territorial Registry – applicant is not approved for work with children.

\_\_\_\_\_  
Responsible Officer at THQ/DHQ/CFOT/SFOT/ARC, etc.

\_\_\_\_\_  
Date

3. Applicant's name has been checked in available State databases and

- There were no reports of misconduct involving children; or
- Misconduct involving children was reported – applicant is not approved for work with children and name has been reported to the Secretary for Personnel for inclusion in the Territorial Registry.

\_\_\_\_\_  
Responsible Officer at THQ/DHQ/CFOT/SFOT/ARC, etc.

\_\_\_\_\_  
Date

4.\* Prior accusations of abuse have been investigated and

- There was no reasonable suspicion of abuse; or
- There was reasonable suspicion of abuse – applicant is not approved for work with children and name has been reported to headquarters for inclusion in the Territorial Registry.

\_\_\_\_\_  
Immediate Supervising Officer

\_\_\_\_\_  
Date

\* *To be completed only if applicant reports an accusation in response to item # 3 of Statement.*

# SAFE FROM HARM

## Guidelines for Working with Children, Youth and Vulnerable Adults

*Abuse of vulnerable persons, including children, frail elders, the physically challenged or the mentally impaired, is a reality in our society. The Salvation Army is committed to addressing this reality by taking steps to protect all categories of vulnerable persons in our care. The Central Territory has implemented a program to safeguard these special individuals while promoting a positive, nurturing environment for ministry to them. The guidelines below are to be followed by anyone working with vulnerable or dependent persons in the Central Territory.*

- **Two Adult Guideline** - Whenever feasible, a vulnerable person will not be in the primary care of only one adult. Teams of adults (preferably male and female) will supervise activities. This guideline has three purposes: it provides for more than one adult to help ensure appropriate levels of supervision. It protects workers and The Salvation Army from unfounded allegations. It lessens the possibility of an adult becoming a “guru” or “confidante” who thrives on the dependency of the vulnerable person, as well as an adult having undue influence over an individual.
- **Guidelines for Touching** - The sense of touch is extremely powerful and can wordlessly convey messages on many levels. Touch is necessary to all human thriving, but when used to manipulate, control or harm another, touch can be deadly. In our role as a “good shepherd,” The Salvation Army must take steps to protect any and all vulnerable populations in our care.  
Appropriate physical contact between workers and program participants is important. Hugs and other forms affection, *properly applied*, help children developmentally and communicate warmth to people of all ages. Safe From Harm includes guidelines for touching that will, when carefully adhered to, safeguard those participating in our corps, worship, social service, and/or community service programs.

**The guidelines below are to be closely followed by anyone working with vulnerable individuals:**

- Touching behavior should not give even the **appearance** of wrongdoing. As Salvation Army representatives, our behavior must foster trust at all times; it should be above reproach.
- Workers are responsible to protect those under their supervision from inappropriate touching by others.
- Workers must promptly discuss inappropriate touching or other questionable behavior by co-workers with their supervisor or commanding officer.

***Touching Guidelines specific to children/youth workers:***

- Touching should be initiated by the child or youth. It should be a response to the child's need for comforting, encouragement, or affection. It should not be based upon the adult's emotional need.
  - Touching and affection should only be given when in the presence of other children's ministry or youth workers. It is much less likely that touches will be inappropriate or misconstrued as such when two adult workers are present, and the touching is open to observation. This rule is especially important when diapering a baby or helping a young child change clothes or use the restroom.
  - A child's preference not to be touched should be respected. Do not force affection upon a reluctant child.
- **Individual Counseling** - Team communication is preferable. When not feasible, notify another adult worker of the location and with whom you are meeting. Counseling should be done in a public setting where private conversations are possible and should occur in full view of others. Guard carefully to avoid seclusion. If possible, have female workers meet with females and male workers meet with males. A male/female team is generally appropriate for either gender.

- **Long-Term Counseling** - Workers should not meet with vulnerable individuals more than three times to discuss the same issue. Workers are not prepared or supported for long-term counseling or formal therapy. Adult leaders are encouraged to refer persons who they suspect have a serious need for counseling to professionals in the community. Questions about referral must be discussed promptly with the program leader.
- **Informal Contact (Independent of Salvation Army Activities)** - Informal contact refers to phone calls, cards/letters, electronic messages or face-to-face contact between a worker and a program participant that is not connected to official Salvation Army activities. The Salvation Army recognizes that informal contact between workers and participants does occur. For example, workers may hire teens as baby sitters for their own children, or workers may see program participants during social events with a child's family, in worship services or at corp functions. This interaction is usually legitimate and beneficial.

With respect to children/youth, workers should seek the permission of parents before having informal contact with their child. The worker should clearly let the parent know the nature of the contact, and that it is not part of an official Salvation Army activity. Parents are responsible for monitoring this informal contact.

- **Transportation To and From Meetings** - Transportation to and from meetings is not a normal part of corps/program. In some cases, Salvation Army vehicles and drivers are provided as a component of the activity. The Salvation Army is not responsible for providing or arranging for transportation to activities that do not already include planned transportation by the corps/service/program. Family members or other adults are discouraged from asking workers to transport children or adult program participants informally. *However, if a worker does transport a program participant at the parent's/responsible party's request, this should be recognized as informal contact (not a part of corps activities), and the guidelines for informal contact should be followed (see paragraph above).*

*Note: The practice of workers transporting minors is discouraged. However, if a unit chooses to allow this on a limited basis, ask parents to sign a form acknowledging that these rides are not a part of unit activity, and that the parent is responsible for supervising such activity.*

- **Transportation as a Part of Corps Activities** - Units may provide transportation as an official part of certain corps activities. For example, corps may provide transportation to out-of-town events or field trips. When people are transported as a part of unit activities, all relevant guidelines will apply. Following the "two adult guideline" and having all drivers complete a Driver Application Form are especially important.
- **Confidentiality** - **Workers must report to an appropriate leader if a program participant discusses harming himself or others, committing a crime, or being abused.** There are limits to confidentiality when working with vulnerable persons. Questions about such cases or other issues of confidentiality must be discussed promptly with the supervisor or commanding officer/administrator. Conferring with an officer on sensitive issues is not considered breaking a confidence.
- **Gifts** - Workers are generally discouraged from giving or receiving personal gifts with program participants, including money. When the giving of *personal gifts* is desired, the worker must first notify parents and/or the supervisor. Gifts can be easily misinterpreted. Gifts given to groups of young people are appropriate, such as graduation presents or awards for participation and do not require notification of parents or supervisors. It is inappropriate for workers to accept or solicit gifts of any kind, including planned giving appeals, with vulnerable adult program participants.
- **Corporal Punishment** - Corporal punishment involving painful touch (hitting or spanking) and physical forms of maintaining order are not appropriate in Salvation Army activities. *This rule holds true even if parents have suggested or given permission for corporal punishment.* Workers must consult their supervisors if they need help with unruly program participants or discipline techniques.

- **Open Door Guideline** - All program events should be conducted with an “open door” approach. This means that parents/family members, other program participants and/or corps members have a right to observe any activity. Parents/family members and/or other caregivers should be informed that there are *never* secret activities, treatments or initiations in any Salvation Army programs. An atmosphere of transparency must be maintained at all times.
- **Romantic or Sexual Involvement** - Salvation Army workers are *strictly prohibited* from relationships with program participants that involve, even remotely, dating or sexual involvement. Additionally, adult youth workers may not be romantically or sexually involved with minor coworkers. Any individual with prior incidents of sexual misconduct may not serve in any capacity caring for minors or other vulnerable persons in Salvation Army programs.
- **Supervision and Communication** - Workers must meet on a regular basis with program leaders and program leaders must meet with the officer in charge/administrator periodically to discuss any issues regarding these guidelines. Appropriate topics that must be discussed include problems, accountability, guideline clarification, personal feelings, or other issues that may interfere with ministry efforts.

**Guidelines Specific to Children/Youth Programs:**

**Youth Supervising Youth** - Minors may help adults lead youth activities only under the direct leadership of adults. A minor may not be used to meet the team leadership or team counseling guidelines discussed above.

**High Adventure Activities**- Special precautions must be taken on high adventure activities such as: rock climbing, hiking, overnight camps, raft trips, or the like. Both physical safety and safety from abuse are at risk in high adventure situations. A high ratio of adults to youth is recommended. Guides for high adventure activities should be licensed by the sports governing body or government authorities to guide groups whenever possible. High adventure camping often raises unique circumstances involving individual privacy, sleeping arrangements, bathroom facilities, and so on. Adult leaders must be vigilant to avoid suspicious or misinterpreted behavior in these circumstances.

**Overnight Activities** - At least two adults should supervise overnight activities. If the participants are male and female, then male and female chaperons must be present. If these conditions cannot be met, then the event should be postponed. Males and females attending events must not share the same sleeping quarters and should have separate access to bathroom facilities. Experienced workers should be included with newcomers to any ministry serving children and youth.

***IN CLOSING:***

**Workers must report suspected or observed misconduct** by other workers to the program leader or officer/administrator immediately.

**Workers must avoid even the appearance of misconduct.** This is necessary in order to maintain public confidence and avoid mistaken allegations.

**Workers who disobey these guidelines may be reassigned or relieved** from a program duty at the discretion of corps/program leaders or administrators.

**I have read the guidelines above. I agree to observe them faithfully.**

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_