

(The following statement is to be signed by each assignee before starting the work assignment)

COMMUNITY SERVICE WORK PROGRAM ACKNOWLEDGEMENT AND LIABILITY RELEASE

I, _____, hereby represent to The Salvation Army that, pursuant
(Name of Worker)
to the terms of the Community Service Work Program of the _____ that I have been
(Name of the Referring Court System or Agency if any)
given an opportunity to perform community service:

<i>Check only one box below:</i>	<i>Number of Hours Requested:</i>
<input type="checkbox"/> In lieu of and/or in addition to being fined and/or incarcerated to be completed by ____/____/____ (Date)	_____ <i>total hrs.</i>
<input type="checkbox"/> I am participating in a Transition to Work program	_____ <i>per week</i>
<input type="checkbox"/> I am volunteering with a Group <input type="checkbox"/> I'm a Life Coach	_____ <i>per week</i>
<input type="checkbox"/> I am volunteering for School, Military or On My Own	_____ <i>per week</i>

In that regard, I have voluntarily agreed to perform such work as shall be assigned to me from time to time and to comply with such instructions and regulations as are communicated to me by authorized representatives of The Salvation Army. I acknowledge that such is to be performed by me without compensation of any kind, financial or otherwise.

I hereby further agree, on behalf of myself, my family, heirs and dependents, to release and save harmless The Salvation Army from any liability from any liability for any loss, injury or damage suffered by me during or in connection with such work.

I also understand that, should my work performance be found to be unsatisfactory or unacceptable, my opportunity of fulfillment community service hours with The Salvation Army can be terminated and that this fact will be communicated to the court responsible for my sentence.

Signed _____ Date _____

Witness: _____ Date: _____

Please print legibly:

Name _____

Phone Number (____) _____
We must be able to contact you.

Email Address: _____
To send info about Volunteer Orientation.



Store Choice: *Please circle one*

Downtown Poway College Area Escondido Santee Chula Vista Point Loma

Referring Agency: _____

Contact Agency when processed Yes

Agency Name & Contact: _____

RETURN THIS PAPERWORK:

IN PERSON

- To your AGENCY, if you are working with one OR
- To the Family Store you will volunteer at OR
- To our Admin Office located at 920 14th St. San Diego, CA 92101 (619) 239-4037 ext. 315

EMAIL

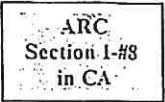
SanDiego.ARC@usw.salvationarmy.org

FAX

(619) 239-4749

AGREEMENT, AUTHORIZATION, AND CONSENT FOR RELEASE OF BACKGROUND INFORMATION

PLEASE TYPE OR PRINT



LAST NAME FIRST NAME MIDDLE NAME (PLEASE INCLUDE Jr., Sr., II, III Etc.)

I understand that in conjunction with my application for employment, work to be performed under contract, promotion, volunteer position, officership, lay missionary work, 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 Engagement related background investigations.

Abso will utilize various sources of information it deems appropriate including but not limited to: criminal records, sex offender registries, Department of Motor Vehicle records, SSN trace, and other related sources of information required to perform its investigation. 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 an Investigative Consumer Report and understand that it may contain information about my 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, 101 Creekside Ridge Ct., 2nd Floor, Roseville, CA 95678. 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.

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 3C 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 Driver's License Number State

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

Current Address: _____
Street Apt.# City State Zip Code From / To?

Former Address: _____
Street Apt.# City State Zip Code From / To?

Former Address: _____
Street Apt.# City State Zip Code From / To?

Former Address: _____
Street Apt.# City State Zip Code From / To?

PLEASE CHECK OFF EACH LINE BELOW AND COMPLETE THE BOTTOM PORTION - THANK YOU.



VOLUNTEER DUTIES

BELOW IS A LIST OF SOME, BUT NOT ALL, DUTIES YOU WILL BE ASSIGNED WHILE PUTTING IN YOUR VOLUNTEER HOURS AT OUR FAMILY STORES.

- VACUUM
- DUST
- HANG CLOTHES
- **Other Site Tasks:** Not limited to greeting customers, communicating the day's specials to customers, directing customers to clerks for sales, answering questions, bagging, cleaning, organizing, picking up trash, keeping work areas clean, assisting customers to their car with purchased items and generally assisting staff in all matters of basic store operations.
- RAG OUT CLOTHES
- CLEAN BATHROOMS/BREAK AREA
- PUT MERCHANDISE ON SHELVES / FLOOR

I UNDERSTAND THAT I AM UNDER NO CIRCUMSTANCE TO:

- Go behind POS station (Cash Register) without permission from Manager
- Perform any cashier duties
- Price items on the floor or shelves

In addition, during volunteer hours

- No smoking is permitted (regular or e-cigarettes) break / lunch ok
- No alcohol or drug use is permitted (If Manager suspects Volunteer is under the influence during volunteer hours, Manager will dismiss Volunteer immediately)

In addition, during work hours:

I UNDERSTAND THAT I AM RESPONSIBLE TO HAVE SOMEONE SIGN ME IN AND OUT.

I UNDERSTAND THAT I AM EXPECTED TO WORK AT ALL TIMES DURING MY ASSIGNED DAYS WITH TIME OUT FOR LUNCH (30 MIN) AND BREAKS (15 MIN) IF MANAGER ASSIGNS. NO EXCESSIVE STANDING OR CHATTING.

- **Conditions:**
 - I understand that I must be able to work under the standard pressure of a retail environment
 - Volunteer workdays can be anytime; Mondays – Saturdays, 8 a.m. – 8 p.m.
THIS MUST BE WORKED OUT WITH MANAGER OR ASSISTANT MANAGER
 - I will bring my own water, snacks and lunch if needed
 - I will not chew gum or eat during my schedule time to volunteer
- **Training:** Volunteer will have training on their first day and every time they are asked to perform a new task.

I UNDERSTAND THAT I MUST ABIDE BY DRESS CODE.

- **Dress Code:** Comfortable, closed toe shoes, *no jeans, skirts, dresses, baggie or flowing clothing, or baggie pants.* Pants should be dark in color, dress casual. Red Polo shirts – if volunteer does not have one, store will provide one.

I UNDERSTAND THAT I MUST WEAR A RED SHIRT AND RED 'VOLUNTEER APRON' AT ALL TIMES
Volunteer Badges are required to be worn as well.

I UNDERSTAND THAT I MAY NOT TALK OR TEXT ON MY CELL PHONE WHILE WORKING.

I UNDERSTAND THAT I MAY NOT SHOP DURING MY SHIFT OR SAVE ITEMS.

I UNDERSTAND THAT I MUST ABIDE BY OUR CUSTOMER SERVICES REQUIREMENTS OF GREETING AND HELPING CUSTOMERS IF NEEDED.

I UNDERSTAND that the Store Manager has authority to dismiss Volunteers for not adhering to Policies or Procedures.

THANK YOU FOR YOUR COOPERATION!

Signature _____

Date: _____

Print Name _____

DOB ____ / ____ / ____

(Please circle one, if applicable)

WEX?: Res-Care PCG

Transition to Work Program? Yes

Contact Phone Number _____

Store Choice: _____

