

VOLUNTEER RELEASE STATEMENT
PLEASE PRINT

NAME _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

TELEPHONE: _____ **CELL:** _____

E-MAIL _____

I understand that The Salvation Army, a religious and charitable organization, requires the assistance of volunteers in the conduct of its various spiritual and social programs. It is my desire to further the work of The Salvation Army by performing services as a volunteer for: **Emergency Disaster Services.**

That as a volunteer with or for The Salvation Army I am responsible for maintaining the confidentiality of all proprietary or privileged information to which they are exposed while serving as a volunteer, whether this information involves a single member of staff, volunteer, client, or other person or involves the overall business of the organization.

INITIAL: _____

I undertake to perform such services as a volunteer, without compensation, and that in performing such services; I acknowledge that I am NOT acting as an employee of The Salvation Army. **INITIAL:** _____

I hereby give my permission to be photographed by a representative of The Salvation Army for the sole purpose of promotion of the services available at The Salvation Army. I also understand that I have the option at any time not to be photographed and not to be present if I choose. ** **INITIAL:** _____

SIGNATURE: _____ **DATE:** _____

Please keep me informed of other volunteer opportunities, project, and events during the year.

** If permission is NOT given to be photographed, cross out the paragraph and initial.