

CONFIDENTIAL

THE SALVATION ARMY

STATEMENT OF APPLICANT FOR WORK WITH CHILDREN

It is essential that The Salvation Army provide a safe and secure environment for children who participate in its programs and who use its facilities. To help achieve this objective, this Statement will be completed by:

- (a) Candidates for Officership, Auxiliary Captains and Envoys;
- (b) Applicants for employment and volunteer positions in The Salvation Army (including Local Officers) which involve ongoing contact with children; and
- (c) Applicants for employment and volunteer positions who may, by virtue of their job responsibilities, be in proximity to children in Salvation Army program activities.

Personal Information

Name _____

Last	First	Middle
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Present Address _____

No.	Street	City	Prov.	Postal Code
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Telephone Number: Home(_____) _____ Work (_____) _____

Training For Work With Children

List formal education and on-the-job training. Briefly describe the extent and nature of this education/training and identify the institution which provided this education/training. Those in category (c) described above, are not required to answer this question. If you are in category (c), please mark an "x" in the following box ρ and proceed to the question on the next page.

Authorization

1. I hereby authorize The Salvation Army to conduct whatever searches it deems necessary, including a Police Records Search, to confirm that the information set out above is accurate and complete.
2. I hereby authorize The Salvation Army to conduct a search of all Child Abuse Registries maintained in Canada to confirm that I am not listed as a child abuser.
3. I hereby agree that, immediately upon request, I shall provide The Salvation Army; with whatever consents and authorizations it requires to conduct the searches which are contemplated in paragraphs 1 and 2 above.
4. I hereby authorize any individual or organization,, including any organization which maintains a Child Abuse Registry, and their agents, employees and representatives, to provide The Salvation Army with any information which they have regarding my character and fitness for work with children. I hereby release all such organizations and individuals from all claims, demands, actions and causes of action whatsoever, which may in any way arise out of the provision of such information to The Salvation Army.

Signature of Witness

Applicant

Name (please print)

Date

Date