



**By signing this form, I confirm that I have read and agreed to all outlined conditions.**

Volunteer Signature

Volunteer Name

Date            /            /

**If applicant is under 16**

**As parent/guardian, I give consent for the above applicant to be a mission volunteer with The Salvation Army**

Parent/Guardian Signature

Relationship to Applicant

Date            /            /

**Office Use only**

As an authorised representative of The Salvation Army, I have completed all requirements to safely engage this individual as a volunteer.

Manager Signature

Manager Name

Date            /            /