

NOTE: Please attach a copy of photo ID



BELL RINGER APPLICATION FORM

STEP 1: *Fill out and sign the form below*

STEP 2: *Attach a copy of your photo ID to the form*

PLEASE PRINT

Last Name:	First Name:	Middle:
Group/Team:		
Email:		
Address:		
City:	State:	Zip:
Cell Phone: ()	Home Phone: ()	

Background Check: Yes / No **Entered By:** _____ **Date:** _____ **Time:** _____

I understand The Salvation Army is a religious and charitable organization and 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.

I undertake the duty to perform such services as a volunteer without pay and that in performing such services I acknowledge that I am not acting as an employee of The Salvation Army. If contacted by the media, all requests are to be referred to the Officer in Charge.

I understand that as a volunteer for The Salvation Army I may be exposed to confidential client information and that this information is not to be shared with or spoken to anyone other than the client or employees of The Salvation Army. By signing this agreement, I promise to keep all client information (including names, addresses, phone numbers), and all other information confidential.

Date: _____/2022 **Volunteer Signature:** _____

HOW DID YOU HEAR ABOUT US? _____



The Salvation Army Redding

Consent to Publication & Photo Release Authorization

NOTE: The photo release authorization is needed for any pictures or interviews taken by the media, The Salvation Army, or Volunteers during a special event. The individual gives their permission for the use of their picture(s) and/or picture(s) of their family members. No payment will be received for the use of any pictures.

I certify that I am at least 21* years of age, my birth date being ____/____/____ and have the right to contract in my own name and to the extent herein set forth.

I, _____, hereby irrevocably grant to The Salvation Army, its successors and assigns, its agents and those by whom it is commissioned, the absolute, unrestricted and unlimited license, right, permission, and consent to use and reuse, disseminate, copyright, print, reproduce, publish and republish, for any and all publicity, display, publication or media, internet sites including social media sites, and any other multimedia or electronic medium existing now or in the future, my name, signature and likeness, and any portraits, pictures, photographic prints or other representations of me, or in which I may appear, or any reproduction or sketches thereof or parts thereof, photographic or otherwise, with such additions, deletions, alterations or changes therein as you in your discretion may make, either separately or together with my name or a fictitious name, or the name of another person, with or without any statements or testimonials made by me, or authorized by me which you may, in your discretion, prepare for use in connection therewith. I warrant that I have not limited or restricted the use of my name or photograph to the use of any organization or person.

I hereby grant unrestricted use of audio tracks, videos, text, including in an electronic medium existing now or in the future, by The Salvation Army for such purposes as The Salvation Army may deem appropriate.

I hereby release and discharge The Salvation Army, its successors, assigns and agents from any and all claims and demands arising out of or in connection with the use of any of the foregoing, including any claims for defamation, invasion of privacy or violation of any statutory right.

Witness by my hand as noted and sealed this day.

_____	_____	_____	____/____/____
(Print Name)	(Signature)	(Address)	(Date)
_____	_____	_____	____/____/____
_____	_____	_____	____/____/____

Authorization Relating to A Minor or Individual Under Local Guardianship

I hereby certify that I am the (parent)/(legal guardian) of a minor child or dependent (child's name) _____ and have executed this release on (his)/(her)/(their) behalf.

_____	_____	_____	____/____/____
(Print Name)	(Signature)	(Address)	(Date)

Witness to Execution of Release

_____	_____	_____	____/____/____
(Print Name)	(Signature)	(Address)	(Date)

**Substitute the age of majority, if less than 21 years, in the State of Residency of the subject of the consent.*