THE SALVATION ARMY Canada and Bermuda Territory

| | Last Name |
|---|---------------------------------|
| | First Name |
| | Date Submitted |
| | Statement of Applicant |
| | Armatus Online Abuse Prevention |
| - | Training Complete |
| | Police Check |

STATEMENT OF APPLICANT TO WORKWITH CHILDREN AND YOUTH

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 to serve as officers.

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- b) Officers, auxiliary-captains and envoys who may, by virtue of their responsibilities, be in proximity to children or youth in Salvation Army program activities.
- c) Applicants for employment and volunteer positions in The Salvation Army (including local officers) which involve ongoing contact with children or youth.
- d) Applicants for employment and volunteer positions, who may, by virtue of their job responsibilities, be in proximity to children or youth in Salvation Army program activities.

I. Personal Information

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|-----------------|-------------|--------|-----------|----------|-------------|
| LAST | | FIRST | | MIDDLE | |
| Other Surnames: | | | , | | |
| | | | | | |
| Address:_ | | | | | |
| | No. | Street | Town/City | Province | Postal Code |
| Telephon | e Numbers: | | | | |
| Home: (|) | | | | |
| |)_Mobile: (| | | | |
| |) | | | | |

II. Training For Work with Children and Youth

| List formal education and on-the-job training. Briefly describe the extent and nature of the education/training and identify the institution which provided this education/training. The | ose in |
|--|--------|
| category (d), described above, are not required to answer this question. If you are in cate (d), mark an "x" in the following box and proceed to complete the application form. | gory |
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| | |
| | |
| Reference Contact Name(s): | |
| | |
| III. Prior Work With Children and Youth | |
| List all positions you have held as a volunteer or an employee that involved working children or youth. Provide the name of each organization; indicate the approximate during which you held each position; and identify your reason for leaving each position. | |
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| | |
| | |
| Reference Contact Name(s): | |
| | |

IV. <u>Criminal Record</u>

Have you ever been convicted of an offence which involved the abuse or endangerment of a child or youth? [You may answer "No" if you were convicted of an offence for which pardon was granted under the *Criminal Records Act* (Canada).]

| Yes | No | | |
|----------------------|-----------------------------|----|--|
| If ves provide deta | ils of all such convictions | s: | |
| ii yes, provide deta | iis of an sach convictions | · | |
| | | | |
| | | | |
| | | | |

V. **Authorization**

- 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 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 that 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 and youth. 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.

CONFIDENTIAL



THE SALVATION ARMY Canada and Bermuda Territory

STATEMENT OF APPLICANT TO WORKWITH CHILDREN AND YOUTH

| SIGNATURE OF WITNESS | APPLICANT | |
|----------------------|-----------|--|
| NAME (PLEASE PRINT) | DATE | |
| DATE | | |