



The Salvation Army
National Capital & Virginia Division
Divisional Volunteer Group Application

Name of Group: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Group Contact Person: _____ Phone: _____

How many people are in your group?

List the days and times you are available:

List the areas in which you are interested volunteering:

A list of volunteers from your group must be provided. Please be guided by the following:

- Children age 14-17 must be under the supervision of adults while volunteering.
- Children under the age of 13 must be accompanied by a parent or guardian while volunteering.

