



The Salvation Army – New Jersey Division
Group Liability Form

I _____, acting as representative of and liaison between the _____,
(Group Leader Name) (Name of Group)

and The Salvation Army certify that I am responsible for organizing and providing direction to the group of volunteers listed on the attached service schedule (the “Group”). I further certify that I have communicated to the Group, the Terms of Service listed below for the following volunteer assignment (the “Project”).

Project: _____ **Location:** _____ **Date:** _____

Terms of Service for Volunteer Project (Volunteers who do not understand and accept these terms should not participate with the Group):

- Volunteers understand that they are volunteering their service at their own risk and will not hold The Salvation Army responsible for any injuries or losses experienced as a result of or in connection with their service on the Project.
- All volunteers who are 18 years of age or older consent to being photographed while serving on the Project by a representative of The Salvation Army and consent to the publication of such photographs by The Salvation Army for the sole purpose of promoting the its services. Volunteers under the age of 18 must have parental consent form signed prior to the project.
- Volunteers understand that a large part of the work of many Salvation Army volunteers involves the collection and use of personal and private information about those who are being served. Such information—regardless of the method(s) used to collect, store or communicate it— is property of The Salvation Army, must be treated confidentially and may not be released without proper authorization. Volunteer work is not to be discussed with other Salvation Army employees, volunteers or anyone else, other than those to whom you are responsible in your volunteer assignment.

Additional Assurances

Also, by signing this form, I certify that I have taken reasonable steps to ensure that each volunteer listed on the attached schedule:

- is neither currently charged with, pled guilty to nor been convicted of a crime involving the abuse of a child or fraud, and
- has demonstrated that he or she is in fact the person who is or will be volunteering his or her service on the Project.

Group Leader Name (please print): _____

Group Leader Signature: _____ **Date Signed:** _____

ATTENTION GROUP LEADER:

Please check here if you would like The Salvation Army to publically recognize your group. If you are authorizing us to recognize your group on our website and various social media outlets, please email your logo to NJVolunteers@use.salvationarmy.org

PLEASE LIST VOLUNTEERS BELOW

GROUP NAME: _____

First Name	Last Name	Middle Initial		
Address		City	State	Zip
Phone	Email	Emergency Contact Phone	Emergency Contact Name	
Volunteer Signature			Date	

First Name	Last Name	Middle Initial		
Address		City	State	Zip
Phone	Email	Emergency Contact Phone	Emergency Contact Name	
Volunteer Signature			Date	

First Name	Last Name	Middle Initial		
Address		City	State	Zip
Phone	Email	Emergency Contact Phone	Emergency Contact Name	
Volunteer Signature			Date	