

BRIDGE DISABILITY MINISTRIES

Confidential

VOLUNTEER APPLICATION

(Please Print)
Rev. 5/3/2010

Name: _____ Date: _____
(Last) (First) (Middle)

Address: _____ City: _____ State: _____ Zip: _____

Mailing Address (if different): _____ City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Work Phone: (____) _____

Cell (____) _____ Fax: (____) _____

E-Mail: _____ May we call you at work? Yes ____ No ____

Birth Date: ____/____/____ Are you over 18? Yes ____ No ____
(Mo.) (Day) (Year Optional)

Emergency Contact:

Name: _____ Phone (____) _____

Relationship: _____

Medical information we should know in case of an emergency: _____

o How did you hear about Bridge? _____

o Why are you interested in volunteering with Bridge? _____

o Have you previously volunteered here? Yes ____ No ____
If yes, in what position? _____

I. Education/Employment/Volunteer Service Background

Education

o Highest level of Education: _____ Major? _____

o Are you a current student? Yes ____ No ____ If yes, name of school: _____

Grade _____

Is volunteer experience required by your program? Yes ____ No ____

If yes, please explain: _____

Employment

o Employer (Current): _____ Supervisor: _____
Position held: _____ Phone:(____)
Address: _____ City: _____ State: ____ Zip: _____
Date employed: _____

o Employer (Previous): _____ Supervisor: _____
Position held: _____ Phone:(____)
Address: _____ City: _____ State: ____ Zip: _____
Reason for leaving: _____
Dates employed: From _____ to _____.

Volunteer Experience

o Do you have other volunteer experience? Yes ____ No ____
Please describe type and amount of previous experience:
Organization: _____ Dates of Service: From ____ to ____
Description of duties: _____

Organization: _____ Dates of Service: From ____ to ____
Description of duties: _____

o Community affiliations: (Name & indicate type of involvement)
Clubs _____
Service Organizations _____
Professional Organizations/Boards _____
Church _____
Other _____

II. Skills and Interests

o What are your hobbies and/or special interests? _____

o What specific skills and life experiences would you bring to Bridge as a volunteer?

o Specialized skills which you would like to contribute:
____ Phone calling ____ Equipment repair ____ Crafts
____ Word processing ____ Photography ____ Decorations
____ Mailings ____ Public Relations ____ Graphic Design
____ Computer tech. ____ Writing/editing ____ Entertainment
____ Errands ____ Fundraising ____ Speaking
____ Sign Language ____ Special Events - Specify: _____
____ Foreign Language - Specify: _____
____ Other - Specify: _____

o Do you hold any special certificates? (e.g. CPR, First Aid, Lifeguard, Defensive Driving). No ___ Yes ___ If yes, please indicate the type of license and an expiration date _____

III. Preferences in Volunteering:

o Upon reviewing our "Volunteer Opportunities, do you have a sense of an area at Bridge you would like to be involved in? _____

o Do you have any limitations (family commitments, health, etc.) which might affect your volunteering? No ___ Yes ___ If yes, please explain. _____

o Have you ever been convicted of a criminal offense? No ___ Yes ___ If yes, please explain: _____

o Can you make a commitment to this program for at least a year? Yes ___ No ___
If no, please explain. _____

o At what times are you interested in volunteering?
Am flexible ___ Prefer weekdays ___ Prefer evenings ___
Prefer weekends ___ Prefer days ___ Other: _____

If you are applying to volunteer in the "Friend-to-Friend" or "Circle of Friends" program, please answer the following questions:

o Is there a particular group with whom you are particularly interested?
No Preference ___ Developmentally disabled ___ Physically disabled ___

o Would you be comfortable volunteering with someone who is: ___ deaf; ___ blind;
___ wheelchair bound; ___ non-verbal; ___ development level much lower than their age.

o Is there any type of disability with which you would not feel comfortable working?
No ___ Yes ___ If yes, please specify: _____
~ Are you allergic to pets? _____ Please specify: _____
~ Do you smoke? _____ Are you willing to volunteer with someone who smokes? _____

o Do you have any geographic preference as to where you do volunteer work?
No ___ Yes ___ If yes, please specify: _____

IV. Transportation (Complete if this will be part of your volunteer service)

o Do you drive? No ___ Yes ___
If yes, are you willing to use your automobile for volunteer service? No ___ Yes ___
(If yes, please attach a copy of your driver's license and proof of current auto insurance, including passenger liability.)

o If you have had a moving violation or motor vehicle accident in the past 5 years, please describe.

o Have you ever have had any motor vehicle license suspended or revoked?
No ____ Yes ____ If yes, please describe: _____

IV. References and Background Checks:

o Please list three (3) people who are NOT BRIDGE STAFF or RELATED TO YOU who know you well that we can contact for a reference check.

Personal References

1. Name: _____
Nature of Relationship: _____ Length of time known: _____
Home phone (____) _____ Work phone (____) _____

2. Name: _____
Nature of Relationship: _____ Length of time known: _____
Home phone (____) _____ Work phone (____) _____

Employer/Supervisor Reference (Someone you have worked with including employers or supervisors in a paid or volunteer position. If you have never had a supervisor, please list an additional personal reference)

1. Name: _____ Work phone (____) _____
Business/Organization: _____
Work phone (____) _____

I certify that the information set forth in this application is true and complete to the best of my knowledge. I understand that if I am accepted as a volunteer, Bridge Disability Ministries may end that relationship, if I have made any false statements or misrepresentations in this application. I authorize Bridge Disability Ministries to verify all information contained in or related to this application, including records of law enforcement agencies, references, employment and/or volunteer history.

I understand that information collected during this background check will be limited to that appropriate to helping determine my suitability for particular types of volunteer work and that all such information collected during the check will be kept confidential. I hereby also extend my permission to those individuals or organizations contacted for the purpose of this background check to give their full and honest evaluation of my suitability for the described volunteer work and such other information as they deem appropriate. (Questions asked during the reference check are available to review if you so choose.)

Signature: _____ Date: _____

***Thank you for your time in completing this application!
We deeply appreciate your willingness to share yourself, your time and talents
with the persons Bridge serves and to experience their gifts in return.***

Please mail your application to Linda Martin, Volunteer Coordinator
Bridge Disability Ministries
12356 Northup Way, Suite 103; Bellevue, WA 98005
Phone: (425) 885-1006 x118; Fax: (425) 885-3900; E-mail: enrichs@bridgemin.org