

Bridges Safehouse, Inc.

Volunteer Application

Personal Information

First Name

Middle Name

Last Name

Address: Street and apt #

City

State

Zip Code

Home Phone Number

Cell Number

Email Address

Have you volunteered with Bridges Safehouse in the past? Yes No

How did you hear about Bridges Safehouse? _____

Have you ever been convicted of a felony (including, but not limited to, sex-related or child abuse related)? Yes No

If you answered yes, please explain:

All Bridges Safehouse volunteers may be asked to provide transportation for clients and their children. Bridges Safehouse has insurance for medical liability for any clients and their children while a volunteer is transporting them. However, any vehicle damage or injury to the volunteer will be covered by the volunteer's insurance company. Therefore, please provide the following information:

Car: _____ License Plate: _____
Color, Make, Model include state

Driver's License Number (include state): _____

Car Insurance Company: _____ Policy Number: _____

If you are unable to provide this information for any reason, you will not be able to transport clients or their children.

Health

You may be exposed to common contagious diseases while volunteering with Bridges Safehouse. In addition to colds and the flu, diseases you may be exposed to may include chicken pox, measles, mumps, and rubella. You may also encounter scabies and head lice. Some of these diseases are particularly dangerous for pregnant women. We strongly encourage all volunteers to get immunizations for tetanus and hepatitis B, and to get tested for tuberculosis annually.

References

Please provide three professional and/or personal references:

1. _____
Name Phone Number Email Address
2. _____
Name Phone Number Email Address
3. _____
Name Phone Number Email Address

Skills

Please provide the following information:

List professional, trade, business or civic activities and offices held:

(you may exclude memberships which would reveal gender, race, national origin, age, ancestry, disability, or other protected status)

Computer (certifications/training):

Languages Spoken (other than English):

Certifications (maintenance, licenses, Human Resources):

Other:

I have answered the questions on this application to the best of my knowledge, and none of the answers are knowingly false.

Signature: _____ Date: _____