

## Volunteer Application Form

*Please return this form electronically if possible.*

*If completing by hand, please print clearly.*

*All information gathered will be kept confidential and will be used only by The Bridge Youth & Family Services  
Proof of COVID-19 vaccination or exemption is required.*

General Information		
Last Name:		First Name:
Legal Last Name: (Leave blank if same as above)		Legal First Name: (Leave blank if same as above)
Pronouns:		<i>Please note we will <b>always</b> address you by your chosen first name but are required to have you legal name on file for legal purposes.</i>
Address:		Date of Birth (DD/MM/YYYY):
City:	Province:	Postal Code:
Home Phone:	Cell Phone:	Work Phone:
Email:		
Preferred Contact Method:		

Areas of Interest
Why do you want to volunteer with The Bridge?
What do you hope to gain from your volunteer experience?
What would you like to do?

Experience & Education
Have you previously volunteered with The Bridge? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when?
Have you previously worked with The Bridge? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when?
Have you ever participated in a program at The Bridge? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when?
Languages Spoken <input type="checkbox"/> English <input type="checkbox"/> French Other (Specify):
Previous Volunteer Experience:
What training or qualifications do you have?

<b>References</b>	
Reference One	Reference Two
Name:	Name:
Phone:	Phone:
Email:	Email:
Relation:	Relation:

Effective January 1, 2004, the Personal Information Protection Act (PIPA) came into effect. PIPA ensures that employee and volunteer personal information is handled responsibly by organizations. The Bridge Youth & Family Services may collect personal information that is reasonable for the purposes of **establishing, managing or terminating** a volunteer relationship. The Bridge Youth & Family Services requires **written** consent for the collection of volunteer personal information.

I, \_\_\_\_\_ consent to the collection of the references and  
Print Name

personal contact information for the purpose of establishing a volunteer relationship with The Bridge Youth & Family Services.

I know and understand that a criminal record check is required before beginning my volunteer service. I acknowledge that The Bridge Youth & Family Services is under no obligation to accept or assign me as a volunteer. I certify that the information in this form is correct and complete.

\_\_\_\_\_  
 Volunteer Signature

\_\_\_\_\_  
 Date (DD/MM/YYYY)

**Applicants under the age of majority must have a parent/guardian fill out the following information:**

I am aware of my child/legal dependent's decision to volunteer with The Bridge Youth & Family Services.

\_\_\_\_\_  
 Name

\_\_\_\_\_  
 Relationship to Applicant

\_\_\_\_\_  
 Telephone Number

\_\_\_\_\_  
 Parent/Guardian Signature

\_\_\_\_\_  
 Date (DD/MM/YYYY)