

## 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*

General Information			
Last Name:		First Name:	
Title:	Gender (Optional):	Middle Initial(s):	
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 would you like to do?
Is there a specific program you would like to work with? If yes, which one?
What would you like to do?

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

Commitment		
<input type="checkbox"/> Less than 6 months	<input type="checkbox"/> 6 months to 1 year	<input type="checkbox"/> Ongoing
<input type="checkbox"/> Other (Please Explain):		

I am available when required       I am available at the following days/times:

Days Available:	From:	To:

**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)

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)