**The Bridge Volunteer Application**

**PERSONAL INFORMATION**

|  |  |
| --- | --- |
| Name: (first and last) | Date: |
| Street Address: | Phone Number : |
| City/Town: | Best time to call: |
| Postal Code: | Email Address: |
| Date of Birth: | Language(s) Spoken/Written: |

**EMERGENCY INFORMATION – in case of emergency contact**

|  |  |
| --- | --- |
| Name: | Relationship: |
| Phone Number: |  |

**AVAILABILITY: place hours in each day of the week that you are available**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
| Morning |  |  |  |  |  |  |  |
| Afternoon |  |  |  |  |  |  |  |
| Evening |  |  |  |  |  |  |  |

Do you have transportation to and from the event and/or program? YES NO

Are you currently a participant in any of our agency programs? YES NO

Do you have a valid driver’s licence? YES NO

**VOLUNTEER INFORMATION**

|  |  |
| --- | --- |
| What volunteer position(s) are you interested in?  Select 1- 3 positions that interest you. | What prompted you to volunteer? |
| **1.** | Do you have previous volunteer experience? Where? |
| **2.** | How did you learn of our volunteer opportunities? |
| **3.** | What do you hope to gain from this experience? |

**SKILLS AND INTERESTS**

|  |  |
| --- | --- |
| Hobbies, interests, skills: |  |
| Applicable special training or certificates (e.g., ASIST, Mental Health First Aid, CPR, Safe Food Handling) |  |

**REFERENCES (RELATIVES ARE NOT SUITABLE)**

|  |  |
| --- | --- |
| Name: | Phone: |
| Name: | Phone: |

I understand that I am not an employee of The Bridge, and that any duties that I perform are as a volunteer. I agree to abide by all policies and procedures as a volunteer. I understand that it is my responsibility to update any address, emergency or other changes to the information on this form. I also understand that it is the policy and procedure of The Bridge to require a police clearance and vulnerable sector check for all adult volunteers of this agency before any volunteer placement. You need to bring two pieces of ID (e.g., health card/drivers licence and passport/birth certificate).

The information collected is for the sole purpose of the application and screening process for The Bridge and will not be shared with anyone outside of The Bridge. The information will be stored on The Bridge database.

Please be advised that any documentation that you submit for the application process (i.e., references) you are hereby giving your informed written consent that we as Building Bridges Erie Shores will not be in breach of any confidentiality in regards to the above-mentioned information when we contact the references provided to us.

|  |  |
| --- | --- |
| Signature: | Date: |

Additional comments:

**Please return to:**

**Kim Driedger – Program Manager**

**The Bridge**

**310 Sherk Street East, Leamington N8H 3L1**

**Kim@thebridgeyouth.ca 226-773-3454 x 302**