



BRIDGE NETWORK
Slider Community Center
7851 35TH AVENUE
Sacramento, CA 95824
PH: 916.244.1406

VOLUNTEER APPLICATION

All information in this document is confidential. PLEASE PRINT

Name/Last _____ First _____ Middle _____
(Use legal name)

Address _____ Apt. # _____

City _____ State _____ Zip _____

Email: _____ Work/Home () _____ Cell Phone () _____

Male / Female _____ Date of Birth _____ Physical Limitations _____
(Circle One) (Month/Day) (Be specific; if none, write none)

VOLUNTEER EXPERIENCE

Interests, Skills, Hobbies _____

Clubs, Organizations you belong to _____

Education (highest level) _____ Name of School _____

Have you volunteered before? Yes No Position _____

Describe the work _____

Agency _____ Address _____

Phone () _____ May we contact the Agency? Yes No

Your availability:

Hours per week/month _____ Preferred Days _____ Geographic Preference _____
(specify)

EMPLOYMENT HISTORY

Name of current employer _____ Phone () _____

Address _____ Date Employment Began _____

Name of Supervisor _____ Job Title _____

May we contact employer? Yes No Description of duties _____

Does your employer have a community partnership
(Charitable Giving/Volunteer Matching)? Yes No

REFERENCES (Personal or professional; not a relative)

Name _____ Relationship _____ Phone () _____

Address _____

Name _____ Relationship _____ Phone (____) _____

Address _____

Name _____ Relationship _____ Phone (____) _____

Address _____

IN CASE OF EMERGENCY, PLEASE NOTIFY

1) Name _____ Relationship _____ Day Phone (____) _____

1) Name _____ Relationship _____ Day Phone (____) _____

DRIVING INFORMATION

If you are volunteering for a position that requires driving, Bridge Network requires a valid driver's license and proof of automobile insurance. Are you able to use your automobile if the volunteer position requires one?

Yes _____ No _____

As a volunteer, I agree to provide a valid driver's license number and proof of automobile insurance. I agree to mail or deliver copies of these documents to [nonprofit], so that they can be filed with this application.

I will immediately notify my volunteer supervisor if my driver's license is restricted, suspended, revoked, or expired.

Insurance Carrier _____ Policy # _____

Driver's License # _____ State of Issue _____ Expiration Date _____

Signature of Applicant _____ Date _____

CRIMINAL HISTORY

Have you ever been convicted of a misdemeanor or felony, or are any misdemeanor or felony charges pending against you? Yes _____ No _____ If yes, please explain below. (Note: Answering yes will not automatically prohibit individuals from becoming volunteers, but will be considered with respect to time, circumstances, seriousness and relationship to volunteer responsibilities. All volunteer positions may require a background check.

My signature below certifies that all statements made on this application are true, complete and correct to the best of my knowledge and belief. I understand these statements are subject to verification. I understand that falsification on this application can disqualify me from consideration or result in my volunteer services being denied. Furthermore, my signature below provides my authorization to Bridge Network to conduct driver license and motor vehicle record checks as needed, as well as reference checks to determine my suitability for placement. I hereby release all parties from any liability for furnishing this information.

I, VOLUNTEER, WAIVE, RELEASE AND DISCHARGE from (A) any and all liability, including but not limited to, liability arising from the negligence or fault of the entities, persons released, for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me including my traveling to and from this activity, THE FOLLOWING ENTITIES OR PERSONS: Bridge Network and/or their directors, officers, employees, volunteers, representatives and agents, and the activity holders, sponsors and volunteers: (B) INDEMINFY, HOLD HARMLESS AND A PROMISE NOT TO SUE the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation in this activity, whether caused by the negligence of release or otherwise. I understand while volunteering, I may be photographed. I agree to allow my photo, video, or film likeness to be used for any legitimate purpose by the activity holders, producers, sponsors, organizers and assigns. The Accident Waiver and Release of Liability shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law. I CERTIFY THAT I HAVE READ THIS DOCUMENT AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL.

Signature of Applicant _____ Date _____