

**FAMILY BRIDGES, INC.
VOLUNTEER APPLICATION FORM**

GENERAL INFORMATION

DATE : _____

LAST NAME : _____ FIRST NAME : _____ EMAIL : _____

ADDRESS : _____ CITY : _____ ZIP : _____

HOME PHONE : (____) _____ - _____ CELL / WORK PHONE : (____) _____ - _____

EMERGENCY CONTACT PERSON : _____ PHONE : (____) _____ - _____

Questions before you start :

- 1 How did you hear about our Volunteer Program ? Website/ Social Med Website/ Social Media / Staff / Friend / Others : _____
- 2 Under 18 and want to volunteer ? yes / no
- 3 Retired, or about to, and thinking of doing voluntary work ? yes / no
- 4 Have you ever been convicted of a crime ? yes / no
- 5 Why are you interested in volunteering at Family Bridges, Inc.?

6 When will you be available to volunteer? Period : _____

7 What days/hours are you available to volunteer ?

Mon Tue Wed Thur Fri Weekend Hours : _____

8 With Which Program/Department are you interested in volunteering ?
(If you are interested in more than 1 program, indicate the 1st choice as 1, the 2nd choice as 2, etc.)

Administration ___ Development & Marketing ___ Social Services ___ Lake Merritt Child Care Center ___

Hong Fook Centers ___ Hong Lok Senior Centers ___ Community Health Home/Oak St. Community Cabins ___

EDUCATION AND SKILLS

Do you have a high school diploma, a G.E.D. or a CA High School Proficiency Certificate ? yes / no

Name of School : _____

Major / Grade : _____

Check highest level of education completed :

Grade School _____ High School graduate _____ College graduate _____ Graduate Degree _____

What skills do you have that you would like to utilize in your volunteer work at our center ?

Clerical : Typing _____ wpm _____ Filing _____ Copying/Fax _____ Receptionist _____

Computer : Word Processing / Excel (with which programs are you familiar ?)

Data Entry (with which data entry programs are you familiar ?)

Graphics / Design (with which design programs are you familiar ?)

Other skills : _____

LANGUAGE : English _____ Written / Spoken _____ Mandarin _____ Written / Spoken _____
Cantonese _____ Written / Spoken _____ Others : _____ Written / Spoken _____

EMPLOYMENT / VOLUNTEERING HISTORY

EMPLOYER : _____

POSITION : _____ EMPLOYMENT / VOLUNTEERING DATE : _____ TO _____

CITY : _____ STATE : _____ ZIP : _____

DUTIES : _____

EMPLOYER : _____

POSITION : _____ EMPLOYMENT / VOLUNTEERING DATE : _____ TO _____

CITY : _____ STATE : _____ ZIP : _____

DUTIES : _____

ACKNOWLEDGMENT

This information in this application is true and complete to the best of my knowledge. I understand that misrepresentation, may be the cause for dismissal. I authorize verification of all information contained in the application. I also understand that if I become a Volunteer at FAMILY BRIDGES, INC., a commitment to uphold the mission of the FAMILY BRIDGES, INC. will be expected.

PARENT'S SECTION (for applicants 16 to 18 years of age)

I have read and understand this application and give my child permission to be a Volunteer at FAMILY BRIDGES, INC. I accept full responsibility for my child's participation in this program. Additionally, I give permission for FAMILY BRIDGES, INC. to transport my child to any and all activities.

SIGNATURE OF PARENT OR GUARDIAN _____ DATE _____

PARENT'S OR GUARDIAN'S NAME : _____ CONTACT : _____

VOLUNTEER'S SECTION

As a Volunteer at FAMILY BRIDGES, INC., I agree to follow all guidelines and policies set forth.

SIGNATURE OF VOLUNTEER _____ DATE _____

***** Thank you so much for your interest in FAMILY BRIDGES, INC. *****

FAMILY BRIDGES USE ONLY

INTERVIEW BY : _____ REMARKS : _____

SCHEDULE : _____ SUPERVISED BY : _____

DUTIES : _____

PERFORMANCE REVIEWS : _____

EVALUATED BY : _____

Updated 3.31.2021 mt