

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 Media / Staff / Friend / Others : _____
- 2 Under 18 and want to volunteer ? _____ yes / no
If under 18, please refer to the parent's section in the acknowledgement section.
- 3 Retired, or about to, and thinking of doing voluntary work ? _____ yes / no
- 4 Why are you interested in volunteering at Family Bridges, Inc.?

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

6 What days/hours are you available to volunteer ?

Mon	Tues	Wed	Thur	Fri	Sat	Sun
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Hours _____

- 7 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 _____
- Community Ambassador Program _____

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

COVID-19 SECTION (please check ✓ as applicable)

_____ I attest that I am fully vaccinated for COVID-19 and can show proof upon request.

_____ I am not vaccinated for COVID-19 and can provide proof of a negative result prior to volunteering:

_____ I can volunteer weekly and agree to take a weekly COVID test.

_____ I can volunteer periodically and agree to take a COVID test within 2 days each time I volunteer.

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 : _____