

**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**

**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 \_\_\_ Housing Navigation and Support Services \_\_\_

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 : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_