

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 and Community Services ___

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

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 : _____

