

Volunteer Application for Bridges County Community Action Partnership

Administrative Office
232 N. Main Street, Suite G
Marysville, Ohio 43040
937-642-4986

Name: _____ Today's Date: _____

Daytime Phone: _____ Evening Phone: _____ Other: _____

Mailing Address: _____

Email Address: _____

Where did you learn about becoming a Volunteer? _____

Medical Information

In case of medical emergency notify _____

Phone _____ Address _____

Relationship _____ Physician _____ Phone# _____

Hospital Preferred _____

Skills and Interests

Education Background _____

Current occupation _____

Hobbies, interests, skills _____

Previous volunteer experience _____

Where would you prefer to volunteer?

(Job Descriptions for each position is available upon request)

_____ Receptionist

_____ Office Assistant

_____ Grounds Upkeep

_____ Indoor Facility Upkeep

_____ Mentoring Shelter Residents

_____ Tax Clinic Greeter

_____ Tax Clinic Preparer

_____ Tax Clinic Screener/Reviewer

Volunteer Application for Bridges County Community Action Partnership

What days and times are you available?

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
9-Noon							
1-4 PM							
5-7 PM							

References – Please name two people who we may contact for references. This can include one reference from a close friend or relative and one reference from a current or former employer, teacher/professional or person in authority.

Name: _____ Telephone #: _____ Relationship: _____

Name: _____ Telephone #: _____ Relationship: _____

If you have a medical condition and/or impairment which you feel may affect your volunteering, please give us a contact that has knowledge of your requirements.

Contact Name: _____ Relationship to you: _____

Do you have any criminal convictions? _____ Yes _____ No
 If yes, please give details: _____

Volunteer Pledge of Confidentiality and Service

As a volunteer at BRIDGES, I pledge not to divulge, distribute or make public any client’s personal or financial information. I agree to do my duties to the highest degree of my ability and strive for accuracy and quality in all my actions. In addition, I agree that to the best of my knowledge, the information given by me is correct and I confirm that I do not object to the information collected on this form being held and used in the manner stated. I agree that Bridges Community Action, (BRIDGES) has the right to confirm any of the information provided.

Date: _____ Volunteer Signature: _____