



Group Volunteer Application

Date application submitted: ____/____/____

Please print clearly

Organization Name: _____

Work Address: _____
[Street] _____ [Suit #]

City: _____ State: _____ Zip: _____

Work Phone: _____ Fax: _____

E-mail: _____

Lead Volunteer: _____ Occupation/Title: _____

Email: _____ Cell Number: _____

Emergency Contact Name: _____ **Relationship:** _____

Emergency Contact Phone Number: _____ **Note:** _____

Does your company offer a matching fund or company contribution for your volunteer service? Y N

How did you learn about our volunteer program? (Please check all that apply)

Newspaper School Speaker Another volunteer Agency Website Work

Other: _____

Are you volunteering to fulfill a professional requirement? Yes No

Are you volunteering to fulfill a class requirement or seeking an internship? Yes No

If yes, how many hours are you required to complete? _____ By when? _____

Are you or anyone in your group a current or former client of The Bridge Over Troubled Waters, Inc.? Yes No

If a former client, how long ago? _____

Emergency Contact Information Form

This information will be extremely important in the event of an accident or medical emergency.

Second Lead Volunteer: _____ Occupation/Title: _____

Email: _____ Cell Number: _____

Emergency Contact Name: _____ **Relationship:** _____

Emergency Contact Number: _____ **Note:** _____

Potential Volunteers:

Volunteer Name: _____

Email: _____ Cell Number: _____

Emergency Contact Name: _____ **Relationship:** _____

Emergency Contact Number: _____ **Note:** _____

Volunteer Name: _____

Email: _____ Cell Number: _____

Emergency Contact Name: _____ **Relationship:** _____

Emergency Contact Number: _____ **Note:** _____

Volunteer Name: _____

Email: _____ Cell Number: _____

Emergency Contact Name: _____ **Relationship:** _____

Emergency Contact Number: _____ **Note:** _____

Volunteer Name: _____

Email: _____ Cell Number: _____

Emergency Contact Name: _____ **Relationship:** _____

Emergency Contact Number: _____ **Note:** _____

Volunteer Name: _____

Email: _____ Cell Number: _____

Emergency Contact Name: _____ **Relationship:** _____

Emergency Contact Number: _____ **Note:** _____

Skills Inventory

Please assist us in matching you to the most rewarding volunteer experience by checking the skills that you bring to the organization as a volunteer.

Accounting		Bilingual	
Carpentry		Childcare	
Computer Repair		Data Entry	
Decorating		Event Planning	
Facilitating Support Groups		Fundraising	
Gardening		Grant Writing	
Graphic Design		Hair Stylist	
Home Repair		Journalism	
Landscaping		Library Science	
Licensed Counselor		Marketing	
Mentoring		Microsoft Access	
Microsoft Excel		Microsoft Publisher	
Microsoft Word		Microsoft PowerPoint	
Crisis Intervention/Calls		Public Speaking	
Training		Tutoring	
Volunteer Management		Web Development	
Other:			

I hereby affirm that my answers to the questions in this application are true and correct and that I have not knowingly withheld any fact or circumstances that would, if disclosed, affect my application unfavorably. I understand that any false information submitted in this application may result in my discharge.

Signature

Date

For Staff Use Only

Application Received:	Called to Tour:	Start Date:
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Please read the following information regarding your release of liability to The Bridge Over Troubled Waters, Inc. and initial:

Release of Liability

- To respect and maintain the confidentiality any information pertaining to clients seeking assistance from The Bridge Over Troubled Waters, Inc. (agency) both during and after my volunteer service with the agency.
- To keep and abide by the policies and procedures of the agency.
- To contact my Program Supervisor and the designated Volunteer Coordinator if it becomes necessary for me to discontinue my participation as a volunteer.
- To notify my Program Supervisor and the designated Volunteer Coordinator if I decide to transfer my assignment to another program.
- To attend scheduled volunteer meetings of the agency in order to have input into policies and programs and receive information important to my function as a volunteer.
- To attend all required Advocacy Training.
- To attend the required training sessions for my volunteer position.
- To accurately document my volunteer hours daily and obtain supervisor signature at the end of the month.
- To treat all clients and staff with respect while affirming and honoring the diversity they bring to the client service experience.

___ I acknowledge that I have read and understand the Volunteer Agreement. I have discussed any unclear points with an authorized representative of The Bridge Over Troubled Waters, Inc. (agency), a Texas non-profit corporation. I understand that any violation of agency policies may result in the termination of my volunteer position.

___ While on duty at or for the agency, I release and discharge the agency, its directors, officers, agents, and employees of and from any manner of claims, causes of action, debts or demands, which I, my heirs, successors, assignees, may have hereafter for claims in connection with personal injury, property damage, theft and any and all claim of any sort whatsoever arising in connection with my volunteer position/duties.

___ I understand that I am obligated to provide all information necessary to establish my volunteer record and that all information collected is confidential.

I have read the requirements and commitments listed above and understand what is expected of me as a volunteer by the agency. I agree to commit my assigned volunteer position for a minimum of _____ months.

Lead Volunteer Signature

Date

Staff Signature

Date