



Volunteer Application

Date application submitted: ____ / ____ / ____

Please print clearly

Name: _____
[Last] [First, MI]

Home Address: _____
[Street] [Apt #]

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell: _____

E-mail: _____ Fax: _____

DOB: _____ Driver's License No. _____ Exp. Date _____

Employer: _____ Occupation/Title: _____

Address: _____
[Street] [City] [State] [Zip]

Emergency Contact Name: _____ Relationship: _____

Emergency Contact Phone Number: _____

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? _____

Level of Education: less than H.S. H.S. College Graduate School Business/Tech

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

If a former client, how long ago? _____

References

Please provide three references (must include at least two professional or academic reference)

Name: _____ Relationship: _____

Telephone: _____ Cell: _____

E-mail: _____

Name: _____ Relationship: _____

Telephone: _____ Cell: _____

E-mail: _____

Name: _____ Relationship: _____

Telephone: _____ Cell: _____

E-mail: _____

Please provide the days of the week and times you are available to volunteer:

Day	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Time							

Please indicate the volunteer position(s) you are interested in pursuing: (Check all that apply)

Programs			
Crisis Intervention	Residential (Shelter)	Prevention & Education	Advocacy Training
<input type="checkbox"/> Hotline Advocate <input type="checkbox"/> Crisis Advocate <input type="checkbox"/> Child/Teen Group Facilitator <input type="checkbox"/> Women's Group Facilitator	<input type="checkbox"/> RA assistant <input type="checkbox"/> Children's Program Aide <input type="checkbox"/> Pantry Aide	<input type="checkbox"/> Speaker's Bureau <input type="checkbox"/> Outreach Aide <input type="checkbox"/> Volunteer Aide	All volunteers must attend scheduled volunteer training and must attend 1 hour orientation prior to assignment.
Hotline Advocate, Crisis Advocate and Facilitator positions require a <u>mandatory</u> 40 hour training prior to assignment. A commitment of 4 hours per week is required upon assignment.	Destiny Village (Perm. Housing) <input type="checkbox"/> Child/Teen Group Facilitator <input type="checkbox"/> Children's Program Aide	Special Projects/Admin <input type="checkbox"/> Special Projects <input type="checkbox"/> Special Events <input type="checkbox"/> Office Aide <input type="checkbox"/> Maintenance Person	

Please explain your interest in working with survivors of domestic violence, sexual assault and the homeless population:

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:			

Thank you for your interest in volunteering with The Bridge Over Troubled Waters, Inc. Please note that we will screen each applicant for acceptance into the volunteer program by conducting a **criminal background check** to ensure a valuable experience for both the volunteer and the clients served by our agency.

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 Interview:	Interview 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

___ 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.

___ If I am counseling or therapy while volunteering at the agency, I agree to inform my counselor/therapist of the extent of my volunteer duties and to provide a release from the counselor/therapist to participate in such duties at the agency.

- 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 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.

Volunteer Signature

Date

Staff Signature

Date