

## Volunteer Application Form

Please return this form electronically if possible.

If completed by hand, please print clearly.

All information gathered will be kept confidential and will be used only by The Bridge Youth & Family Services

General Information		
Last Name:		First Name:
Legal Last Name: (Leave blank if same as above)		Legal First Name: (Leave blank if same as above)
Pronouns:		Please note we will <b>always</b> address you by your chosen first name but are required to have your legal name on file for legal purposes.
Address:		Date of Birth (DD/MM/YYYY):
City:	Province:	Postal Code:
Home Phone:	Cell Phone:	Work Phone:
Email:		
Preferred Contact Method:		

Areas of Interest
Why do you want to volunteer with The Bridge?
What do you hope to gain from your volunteer experience?
What would you like to do?

Experience & Education
Have you previously volunteered with The Bridge? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when?
Have you previously worked with The Bridge? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when?
Have you ever participated in a program at The Bridge? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when?
Languages Spoken <input type="checkbox"/> English <input type="checkbox"/> French Other (Specify):
Previous Volunteer Experience:
What training or qualifications do you have?

References	
Reference One	Reference Two
Name:	Name:
Phone:	Phone:
Email:	Email:
Relation:	Relation:

Effective January 1, 2004, the Personal Information Protection Act (PIPA) came into effect. PIPA ensures that employee and volunteer personal information is handled responsibly by organizations. The Bridge Youth & Family Services may collect personal information that is reasonable for the purposes of **establishing, managing or terminating** a volunteer relationship. The Bridge Youth & Family Services requires **written** consent for the collection of volunteer personal information.

I, \_\_\_\_\_ consent to the collection of the references and  
Print Name

personal contact information for the purpose of establishing a volunteer relationship with The Bridge Youth & Family Services.

I know and understand that a criminal record check is required before beginning my volunteer service. I acknowledge that The Bridge Youth & Family Services is under no obligation to accept or assign me as a volunteer. I certify that the information in this form is correct and complete.

\_\_\_\_\_  
 Volunteer Signature

\_\_\_\_\_  
 Date (DD/MM/YYYY)

**Applicants under the age of majority must have a parent/guardian fill out the following information:**

I am aware of my child/legal dependent's decision to volunteer with The Bridge Youth & Family Services.

\_\_\_\_\_  
 Name

\_\_\_\_\_  
 Relationship to Applicant

\_\_\_\_\_  
 Telephone Number

\_\_\_\_\_  
 Parent/Guardian Signature

\_\_\_\_\_  
 Date (DD/MM/YYYY)