

**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/ Radio / Friend / Others : \_\_\_\_\_  
2 Under 18 and want to volunteer ? yes / no  
3 Retired, or about to, and thinking of doing voluntary work ? yes / no  
4 Have you ever been convicted of a crime ? yes / no  
5 Why are you interested in volunteering at Family Bridges, Inc.?  
\_\_\_\_\_

6 When will you be available to volunteer? Period : \_\_\_\_\_

7 What days/hours are you available to volunteer ?  
**Mon Tue Wed Thur Fri** Hours : \_\_\_\_\_

8 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 \_\_\_\_\_ LMCC \_\_\_\_\_  
(Lake Merritt Child Care Center)  
Hong Fook Adult Day Health Care Centers \_\_\_\_\_ Hong Lok Senior Centers \_\_\_\_\_

**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

This information in this application is true and complete to the best of my knowledge. I understand that misrepresentation, may be the cause for dismissal. I authorize verification of all information contained in the application. I also understand that if I become a Volunteer at FAMILY BRIDGES, INC., a commitment to uphold the mission of the FAMILY BRIDGES, INC. will be expected.

### 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 : \_\_\_\_\_

\_\_\_\_\_ EVALUATED BY : \_\_\_\_\_