

EMPLOYMENT HISTORY

EMPLOYER : _____

POSITION / TITLE _____ EMPLOYMENT DATE : _____ TO _____

CITY _____ STATE _____ ZIP _____

DUTIES _____

EMPLOYER : _____

POSITION / TITLE _____ EMPLOYMENT 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 : _____

ASSIGNMENT : _____ SUPERVISED BY : _____

DUTIES : _____

SCHEDULE : _____