

VOLUNTEER APPLICATION

PERSONAL INFO

Name _____ Date of Birth _____

Address _____
 Street City State Zip

Home Phone # _____ Cell Phone # _____ DL# _____

Email _____

Emergency Contact _____ Phone # _____

THREE REFERENCES (NON-RELATIVES)

Name _____ Phone # _____

Name _____ Phone # _____

Name _____ Phone # _____

VOLUNTEER INFO

Please list any preferred or necessary restrictions (such as lifting, etc.)

Work experience? _____

Any hobbies, skills, or special interests? _____

Numbers of hours available per week? _____

Days available? Sunday Monday Tuesday Wednesday Thursday AM PM

AREAS OF INTEREST

| | | |
|------------------|-----------------------|-------------------------------|
| Maintenance | Rack Items | Pick-up • Delivery Assistance |
| Reception | Driver • Errands | Education Support |
| Store Cashier | Computer • Technology | Construction |
| Donation Sorting | Event Support | Other |
| Donation Pricing | Landscaping | |

Any computer experience? Great Good OK with help Some None

Do you read, speak, or write any language other than English? No Yes, _____

DATE _____

SIGNATURE _____

Please fill out back side also.

For office use Watch: OK / NO Area they work: _____



CRIMINAL HISTORY

Have you ever been convicted of, pled guilty to, or received any form of probation or suspended sentence for any criminal offense (misdemeanors and felonies), excluding minor traffic violations?

No Yes

If yes, describe in full, including dates, criminal offenses, location (city and state) and disposition:

Have you EVER been (formally or informally) accused, charged, convicted, pled guilty, or pled no contest to an act of unlawful sexual conduct, child abuse, and/or child sexual abuse?

No Yes

If yes, please explain in full (use another sheet, if necessary):

CONSENT FOR RELEASE OF INFORMATION

I authorize and acknowledge that SonBridge may obtain and use a criminal record that may be in the files of the federal, state, or local criminal justice agency in any state. A photocopy of this Authorization and Consent for Release of Information shall be valid as the original. The results of this verification process may be used to determine volunteer eligibility. All results will be kept CONFIDENTIAL. The information obtained will not be provided to any parties other than to designated SonBridge personnel.

SIGNATURE _____ **DATE** _____

CONFIDENTIALITY POLICY

I understand that, in the course of my volunteer work with SonBridge, I may have access to or hear about confidential or sensitive information and that it is my responsibility not to reveal this information to others outside of SonBridge except where it specifically pertains to performing my duties as a volunteer.

In addition, I agree that SonBridge may use my name and any photographs and/or video of me for publicity or promotional purposes without liability or obligation to me.

SIGNATURE _____ **DATE** _____

THANK YOU FOR CHOOSING TO GIVE YOUR TIME AND TALENT
TO PARTNER WITH GOD IN THE MIRACLE OF SONBRIDGE!

