



The Bridge Family Center
1022 Farmington Avenue
West Hartford, Connecticut 06107

APPLICATION FOR VOLUNTEER PLACEMENT

Date: _____

Name: _____

Street Address: _____

City/State/Zip: _____

Home Phone: _____ Work Phone: _____ Email: _____

How did you hear about The Bridge? _____

Why do you want to volunteer at The Bridge? _____

Special Interests/Hobbies/ Skills: _____

Volunteer Experience: _____

Availability:

1. Can you volunteer for The Bridge on a regular basis? Yes _____ No _____

2. Can you be available on short notice to help with special projects? Yes _____ No _____

3. Number of days you would like to volunteer: _____

4. Circle preferred days: M Tu W Th F

5. How many hours per day? _____ from _____ to _____

6. How many weeks/months can you volunteer? _____

7. When can you start? _____

Education (students only):

Grade Level: _____

Name of School: _____

Is your placement related to educational requirements? If yes, please indicate name of institution,
professor, major, name of course, and number of hours required: _____

Work Experience:

Employer	Address	Supervisor	Dates
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Personal References:

Name	Occupation	Address	Phone
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Emergency: In case of emergency, please notify:

Name: _____

Address: _____

Home phone: _____ Business phone: _____

For volunteers working with children: A State Police check is required for all applicants who work with children:

Have you ever been arrested? Yes _____ No _____

The facts set forth in my application for Volunteer Placement are true and correct. I understand that if I am accepted, false statements on this application shall be considered sufficient cause for dismissal. The agency may verify my statements where possible, including a record check as to criminal convictions.

Signature

Date