

Received _____

Interview Date _____

Time _____

**THE BRIDGE FOR YOUTH
VOLUNTEER APPLICATION**

Name _____

Home phone _____

Address _____

Cell phone _____

City/State/ZIP _____

Work phone _____

Email address: _____

Date of Birth _____

Preferred Program: Emergency Services Marlene's Place Outreach Undecided

How did you hear about The Bridge? _____

What is your availability to volunteer at The Bridge? _____

Date Available to Start _____

Do you have a criminal record? Yes No

Please explain: _____

If your volunteer work with The Bridge is for school credit, please complete the following:

School _____ Field Liaison _____

Address _____ Department _____

City/State/ZIP _____ Phone _____

In case of emergency contact:

Name _____ Phone _____ Relationship _____

Office Use:

Program _____ Start date _____ Proposed end date _____