****

**VOLUNTEER APPLICATION**

**SECTION I**

|  |  |
| --- | --- |
| Name |  |
|  |  |
| Address |  |
|  |  |
| Telephone |  | Today’s Date |  |
|  |  |
| Email |  |
|  |  |
| Gender  | [ ] Male | [ ] Female |
|  |  |
| Age Group | Under 18[ ]  | 18 – 25[ ]  | 26 – 40[ ]  | 41 – 55[ ]  | Over 55[ ]  |
| **In Case of Emergency** |
| Contact (Name) |  | Telephone No.  |  |
|  |  |
| Relationship |  |  |  |
|  |  |  |  |

**SECTION II**

**Interests: Please tell us in which areas you are interested in volunteering.**

|  |  |
| --- | --- |
| [ ]  Administration | [ ]  Programs – ESL |
| [ ]  Outreach | [ ]  Programs – Refugee Support |
| [ ]  Fundraising/Grants | [ ]  Programs – Workforce Development |
| [ ]  Auto Mechanic | [ ]  Programs – Financial Coaching |
| [ ]  Ministry/Missions | [ ]  Programs – Vocations/Trade Apprenticeship |

**SECTION III**

**Availability and Assignment Preferences** *Please check all that are applicable.*

**Bridge His Grace, Inc. asks for a minimum commitment of 2 hours a week for volunteers. Please indicate the preferred time(s) when you would be available.**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Times** | **MON** | **TUE** | **WED** | **THUR** | **FRI** | **SAT** | **SUN** |
| 10:00–12:00pm |  |  |  |  |  |  |  |
| 12:00–2:00pm |  |  |  |  |  |  |  |
| 2:00–4:00pm |  |  |  |  |  |  |  |
| 4:00–6:00pm |  |  |  |  |  |  |  |

**SECTION IV: EMPLOYMENT**

|  |  |  |  |
| --- | --- | --- | --- |
| Current Employer |  | Work Phone |  |
|  |  |
| Work Address |  |
|  |  |
| City |  | State |  | Zip |  |
|  |  |
| Position/Title |  | Work Hours |  |
|  |  |
| How long employed? |  | Can we contact you at work? | Select: [ ]  Yes [ ]  No |
|  |  |  |  |

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**SECTION V: EMPLOYMENT / CHURCH**

**Church / Ministry / Organization \***

|  |
| --- |
|  |

**How long did you hear about Us?** \*

|  |
| --- |
|  |

**SECTION VI: VOLUNTEER EXPERIENCE**

|  |  |
| --- | --- |
| Have you volunteered in the past?  |  [ ]  Yes [ ]  No |
| *Job Position* | *Supervisor* | *Start Date* | *End Date* |
|  |  |  |  |
| *Job Position* | *Supervisor* | *Start Date* | *End Date* |
|  |  |  |  |
|  |  |
| Special Interests and Hobbies |
|  |
| Do you have your own transportation? | Valid Driver’s License? | Liability Insurance? |
| [ ]  Yes [ ]  No |
| [ ]  Yes [ ]  No |  DL# |  | [ ]  Yes [ ]  No |

|  |
| --- |
| **Other Language Skills** *(Only tick if applicable)* |
| **Spanish** | [ ]  Proficient[ ]  Advanced | [ ]  Intermediate[ ]  Beginner | **English** | [ ]  Proficient[ ]  Advanced | [ ]  Intermediate[ ]  Beginner |
| **Arabic** | [ ]  Proficient[ ]  Advanced | [ ]  Intermediate[ ]  Beginner | **Other:**  | [ ]  Proficient[ ]  Advanced | [ ]  Intermediate[ ]  Beginner |
|  |  |  |  |  |  |

**SECTION VII: CRIMINAL HISTORY**

|  |
| --- |
| Have you been ***convicted*** of a criminal offense? |
| Check One | [ ]  Yes [ ]  No |
| Do you currently have any criminal actions pending in which you are the Defendant?  |
| Check One | [ ]  Yes [ ]  No |
| Are you currently on probation or parole? |
| Check One | [ ]  Yes [ ]  No |
| If you answered “Yes” to any of the above questions, please explain the nature of the offense and provide the date of the offense and the country and state in which it occurred. |
|  |
|  |  |
| **Signature of Applicant:** |  | **Date:** |  |

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Bridge His Grace, Inc. will occasionally take photographs of our volunteers while in our volunteer program to use in program brochures and for the program website. By signing below, you are giving the program permission to use such photos.

The Freedom of Information of Protection of Privacy Act (FIPPA) is provincial legislation that governs care and control as well as access by an employee, parents and the general public to records and information held by public organizations. It protects against unauthorized collection, use or disclosure of personal information by public organizations.

 As part of the program’s record keeping, Bridge His Grace, Inc. will have access to sensitive information, including participants’ names, addresses, telephone numbers and e-mail addresses. In alignment with privacy regulations, it is important that this information is kept strictly confidential. Please sign below confirming your understanding of this privacy agreement.

**Volunteer Initial Date**

**PERSONAL REFERENCES:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ***Name*** | ***Address*** | ***Phone*** | ***Occupation*** | ***Relationship*** |
|  |  |  |  |  |
| ***Name*** | ***Address*** | ***Phone*** | ***Occupation*** | ***Relationship*** |
|  |  |  |  |  |
| ***Name*** | ***Address*** | ***Phone*** | ***Occupation*** | ***Relationship*** |
|  |  |  |  |  |

**VOLUNTEER ASSESSMENT POLICY AND AGREEMENT**

**I understand that:**

1. If I am accepted as a volunteer, I will follow all Bridge His Grace, Inc. guidelines and policies;
2. The references I listed may be contacted by mail, telephone, or email;
3. I am in no way obligated to perform any volunteer services and may rescind my application at any time;
4. The information I may provide will be used to conduct a background check, to include driving records check, criminal background check, and other records where required by local, state, or federal law for volunteers working with youth;
5. Other agencies or organizations where I have worked or volunteered may be contacted as references; and
6. As part of the enrollment process, I will be asked provide additional personal information prior to acceptance into the program;

 **\_**

**Volunteer Initial Date**

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**APPLICANT STATEMENT**

*(Read and Sign Below)*

I certify that this volunteer application was completed by me and that all of the information on this application is true and correct to the best of my knowledge. I understand that any falsification, misrepresentation, or omission of facts called for herein will result in my disqualification from further consideration as a volunteer. I understand that this volunteer application is not valid without my signature.

|  |  |
| --- | --- |
| Print Name |  |
|  |  |
| Signature |  | Date  |  |

|  |
| --- |
| **MANAGER & VOLUNTEER TO COMPLETE – ONBOARDING****Volunteer cannot commence volunteering until read and signed** |
|  |  |
| **Today’s Date** |  |
|  |  |
| **Volunteer’s Signature** |  |
|  |  |
| **Program Manager’s Signature** |  |
|  |  |
| **Program Manager’s Comments** |  |
|  |  |
| **Started Date** |  |
|  |  |
| **Manager to initial proof of ID seen** |  |
|  |  |
| **Manager to ✓ confirming references received** |  |

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