



# Volunteer Application

Please print clearly in black or blue ink. The completion of the Bridges Training Foundation Volunteer Application does not guarantee placement or engagement in the volunteer program. A required back ground check will be completed once the submitted application is reviewed. Qualified volunteer applicants are considered without regard to race, color, religion, gender, national origin, age, sexual orientation, marital status, non-job related medical condition or disability. For additional information, questions and to submit completed applications contact Melissa Boler at melissa.boler@bridgestf.org (817) 996-8793.

**Contact Information:** Miss / Ms / Mrs / Mr

Full Name: \_\_\_\_\_ Preferred: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ Cell #: \_\_\_\_\_ Can we text you? \_\_\_\_\_

Home #: \_\_\_\_\_ Email Address: \_\_\_\_\_

Emergency Contact Information: Name: \_\_\_\_\_

Relationship \_\_\_\_\_ Phone: \_\_\_\_\_

**Availability & Assignment Request:**

Date available to start: \_\_\_\_\_ List spoken languages? \_\_\_\_\_

*Please mark the days and times that you are available to volunteer:*

Monday <input type="checkbox"/>	Tuesday <input type="checkbox"/>	Wednesday <input type="checkbox"/>	Thursday <input type="checkbox"/>	Friday <input type="checkbox"/>	Saturday <input type="checkbox"/>
From ___ To ___	From ___ To ___	From ___ To ___	From ___ To ___	From ___ To ___	From ___ To ___

**Please check all areas of interest:**

Classroom Support \_\_\_\_\_ Clerical Support \_\_\_\_\_ Accounting \_\_\_\_\_ Filing \_\_\_\_\_

Computer Work \_\_\_\_\_ Social Media \_\_\_\_\_ Recreational Fitness \_\_\_\_\_ Crafts \_\_\_\_\_

T-Shirt Making \_\_\_\_\_ Agricultural Development \_\_\_\_\_ Fundraising Activities \_\_\_\_\_

Community Events \_\_\_\_\_ Special Events \_\_\_\_\_ Field Trips/Outings \_\_\_\_\_



**Work/Volunteer Experience:**

<i>Employer/Agency Name</i>	<i>Position</i>	<i>Contact Name/Phone</i>	<i>Dates</i>	<i>Voluntary/Paid</i>

**References:**

Please provide two references that are familiar with your academic, professional, or volunteer service. Do not list relatives.

Name	Relationship	City/ST	Phone

Name	Relationship	City/ST	Phone

Have you ever been convicted of a felony or a misdemeanor (not including minor traffic violations)?

YES \_\_\_\_\_ NO \_\_\_\_\_

A "yes" is answered, it is not an automatic bar from placement; however, a false statement will disqualify you. If yes, please explain fully.

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I hereby certify that all statements made in this application are true and correct to the best of my knowledge and I authorize investigation of all matters contained in this application or data pertinent to my volunteering. I acknowledge that any false statements or misrepresentation on this application will be cause for refusal of placement or immediate dismissal. I understand and agree that in the performance of voluntary services I am not a Bridges training Foundation employee and shall have no rights to wages or benefits and no promise, expressed or implied, of consideration for future employment. I agree to indemnify and hold My Possibilities, its employees and contractors, harmless from any and all liability for any injury that may be suffered arising out of or in any way connected with my participation in this program. For good and valuable consideration, the receipt of which is acknowledged, I hereby grant Bridges training Foundation and its employees/representatives permission to photograph me and to copyright such image(s) bearing my likeness. I further give up all claim of ownership of the image(s) and give my irrevocable consent to My Possibilities and its direct or indirect licensees and assignees to publish or otherwise transmit the image(s) of myself in any medium for all purposes, commercial or otherwise, throughout the world. By way of example but not limitation, Bridges training Foundation may publish my image(s) on the Bridges training Foundation website and/or other Bridges training Foundation publications intended to promote Bridges training Foundation and/or its products or services. I understand that the image(s) may be altered or modified in any manner. I hereby waive any right that I may have to inspect or approve a finished product, or the use to which it may be applied. I further release Bridges training Foundation and its direct or indirect licensees and assignees from any payment or any other consideration associated with use of the image(s).

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

I am under the age of 18 (If under the age of 18, you do not need to fill out a Background Check form)

Signature of Parent/Legal Guardian if applicant is under 18: \_\_\_\_\_

Printed name of Parent/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_



## BACKGROUND VERIFICATION FORM

### AGENCY INFORMATION

Date:	Agency Name:
Contact Name:	
Agency Phone:	Fax Number:

### APPLICANT INFORMATION

Applicant Full Name (Last, First, MI)			Maiden or Other Name(s) Used	
Current Address				
City	State	Zip	County	
Social Security Number:	Date of Birth	Driver's License Number	State Issued	
Position Applying For:				
Gender: ___ Male ___ Female	Race: ___ African American ___ American Indian ___ Anglo ___ Asian ___ Hispanic ___ Other			

I hereby authorize VeriFYI and or its Service Provider to request and receive any and all background information about or concerning me, including but not limited to my Criminal History, Social Security Number Trace including a consumer report under the Fair Credit Reporting Act, 15 U.S.C. 1681, Driving Record, Employment History, Military Background, Civil Listings, Educational Background, Professional License from any individual, Corporation, Partnership, Law Enforcement Agency, and other entities including my Present and Past Employers. The Criminal History, as received from the reporting agencies, may include arrest and conviction data as well as plea bargains and deferred adjudications and delinquent conduct as committed as a juvenile. I understand that this information will be used, in part, to determine my eligibility for an employment/volunteer position with this organization. I also understand that as long as I remain an employee or volunteer here, the criminal history check may be repeated at any time. I understand that I will have an opportunity to review the criminal history as received by client/agency and a procedure is available for clarification, if I dispute the record as received. I also understand that the criminal history could contain information presumed to be expunged. I further release and discharge VeriFYI and their Service Provider and all of their Subsidiaries, Affiliates, Officers, Employees, Contract Personnel, or Associates, from any all claims and liability arising out of any request for information or records pursuant to this authorization, procurement of an investigative consumer report and understand that it may contain information about my character, general reputation, personal characteristics, and mode of living, whichever are applicable. I understand that I have the right to make written request within a reasonable period of time to VeriFYI for additional information concerning the nature and scope of the investigation. I acknowledge that I have voluntarily provided the above information for employment/volunteer purposes, and I have carefully read and understand this authorization.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date