

# VOLUNTEER SERVICES APPLICATION

Bridges  
1694 Cedar Street  
Rockledge, FL 32955  
(321) 690-3464 ext. 34

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Business Phone: ( ) \_\_\_\_\_  
Volunteer Experience: \_\_\_\_\_

Occupation/Former Occupation: \_\_\_\_\_

List two (2) character references:

1. Name \_\_\_\_\_ Phone: \_\_\_\_\_  
2. Name \_\_\_\_\_ Phone: \_\_\_\_\_

## TYPE OF VOLUNTEER WORK PREFERRED:

In Adult Group Home     In Adult "Work" Center     Clerical/Receptionist     Arts & Crafts  
 Repair     Public Relations     Sign Language     Music  
 Sewing     Chaperone     Recreation     Sports  
 Computer work     Maintenance  
 Work projects in my own home (i.e.-mailings, typing)     Construct adaptive equipment/jigs  
 Other \_\_\_\_\_

In which area of Brevard County do you prefer to volunteer?

North Area     Central Area     South Area

Time available for volunteer service:  Morning     Afternoon     Evening

Preferred day(s):  Monday     Tuesday     Wednesday     Thursday     Friday     Sat.     Sun.

Interests, Skills, or Hobbies (i.e. sewing, music, 2nd language): \_\_\_\_\_

If you are under 18 years of age, can you provide required written parental permission to serve as a volunteer with Bridges?     Yes     No     Does not apply.

\*If you are under 18 we must have written parental permission on file.

Any special training that might benefit your volunteer work? \_\_\_\_\_

How did you learn about our volunteer program? \_\_\_\_\_

Volunteer Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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