

BRIDGES Domestic Violence Center
VOLUNTEER APPLICATION

Thank you for your interest in becoming a Bridges Volunteer. This application is to give us a little information about you, your interests, and availability, which precedes participation in our program. Please use any additional space needed to tell us about you.

This program does not discriminate with regard to sex, race, religion, class, sexual orientation, national origin, disability, age, or marital status.

Where did you hear about this opportunity? _____

PERSONAL HISTORY

Date _____

Name _____ DOB _____ Sex _____

(Please print)

Address _____

(Street)

(City)

(State)

(Zip)

Telephone _____

(Home)

(Work)

(Cell)

Email _____

Driver's License Number _____ State _____ Expires _____

Vehicle Ins. Carrier _____ Expires _____

BILINGUAL

Yes No If yes, languages _____

INTERESTS

Please describe any special skills, experience and interests you have which would help us place you in an appropriate volunteer position:

Would you be interested in working on one of our events? _____

Would you be interested in working on a fundraiser? _____

Would you be interested in working on a service project? _____

Please share any other information that you think is helpful:

What days/times are you available to volunteer? Please also indicate how long of a shift you are able to volunteer for (ex: 2 hours, 4 hours, 8 hours, etc.) _____

Send Application to: MelissaN@bridgesdvc.org

or mail to Melissa Newman at PO Box 1592 Franklin, TN 37064. Thank you.