



## Bridge Volunteer Application

*Application for volunteers that will have unsupervised contact with children in foster care.*

<b>Last Name</b>		<b>First</b>		<b>Middle</b>		<b>Date</b>	
<b>Prior names used (including maiden):</b>							
<b>Street Address:</b>			<b>City:</b>		<b>State:</b>		<b>Zip:</b>
<b>Occupation:</b>	<b>Marital Status:</b>	<b>Ethnicity (optional):</b>	<b>Highest Level of Education:</b>		<b>Day Phone:</b>		
<b>Cell/Evening Phone:</b>			<b>Fax:</b>			<b>Email address:</b>	
<b>Emergency Contact</b>			<b>Relationship</b>		<b>Phone</b>		<b>SS#:</b>
<b>DOB:</b>	<b>Drivers License #:</b>		<b>State Issued:</b>		<b>Expiration Date:</b>		

The process to become a Bridge volunteer includes a Criminal History Records check, background investigation, and Child Protection check. The following information may be used to complete your application process. Please list the names and addresses of people we can contact who have known you for at least 5 years and your current/past employer.

<b>Present or last employer or volunteer work:</b>		<input type="checkbox"/> <b>ok to contact</b>	<input type="checkbox"/> <b>do <i>not</i> contact</b>
<b>Business name:</b> _____		<b>Phone:</b> _____	
<b>Address:</b> _____		<b>Fax#:</b> _____	
<b>Supervisors Name &amp; Title:</b> _____			
<b>Dates of employment:</b> _____		<b>Reason for leaving:</b> _____	
<b>Job Title:</b> _____		<b>Job Duties:</b> _____	

<b>Coworker/Friend:</b>			
<b>Name:</b> _____		<b>Phone:</b> _____	
<b>Address:</b> _____		<b>City:</b> _____	<b>State:</b> _____ <b>Zip:</b> _____
<b>Day Phone:</b> _____		<b>Fax:</b> _____	<b>Email:</b> _____

**Spouse/Domestic Partner/Friend:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Day Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Have you lived in Idaho for the last 5 years?  Yes  No  
 If you answered "no" please list the addresses where you have lived in the last 5 years.

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

Dates you lived here: \_\_\_\_\_ to \_\_\_\_\_

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

Dates you lived here: \_\_\_\_\_ to \_\_\_\_\_

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

Dates you lived here: \_\_\_\_\_ to \_\_\_\_\_

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

Dates you lived here: \_\_\_\_\_ to \_\_\_\_\_

**Please list any skill, hobbies, or specific areas of interest:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The Bridge has my permission to conduct whatever background check necessary to determine my fitness to perform in the capacity of a volunteer for the program. I acknowledge that any false statements or misrepresentation, whether verbal or written, will be cause for refusal of placement or immediate dismissal. I agree to waive any claims or rights of action against The Bridge for injuries that may arise from my volunteer duties, The Bridge reserves the right to remove any volunteer from this program at any time, with or without cause.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**I became aware of the Bridge Program through:** \_\_\_\_\_

Please submit completed application to:  
**The Bridge**  
**El Dorado Professional Center**  
**3023 E. Copper Point Drive, Suite 110**  
**Meridian, ID 83642**

With questions call, 208-343-7813 x 401