



# BRIDGEWAY RECOVERY SERVICES

## VOLUNTEER APPLICATION

DATE RECEIVED:

RECEIVED BY:

It is the standard procedure of Bridgeway Recovery Services to reserve the right to confirm your responses to the questions below. Any inquiries we make into your background will be confidential, and in a manner designed not to cause you embarrassment. Please feel free to discuss this with Human Resources before you complete this form. It is our goal to give you a rewarding volunteer experience, while giving our clients quality service.

### PLEASE COMPLETE THE FOLLOWING:

Full Name:	Today's Date:
Other Names Used:	
Address:	
City:	State/Zip:
Home Telephone:	Alternate Telephone:
E-Mail Address:	Date of Birth:
Social Security Number:	Driver's License Number/State:
Do you have reliable transportation? <input type="checkbox"/> YES <input type="checkbox"/> NO (If accepted as a volunteer, you will need to provide proof of vehicle insurance.)	
Have you ever been convicted of a felony? <input type="checkbox"/> YES <input type="checkbox"/> NO If, "yes," please explain:	

### PLEASE TELL US ABOUT YOUR CURRENT OR LAST EMPLOYMENT:

Name of Employer:	Supervisor:	
Your Job Title:	From:	To:
Describe Your Duties:		

**EDUCATION COMPLETED:**

High School:	College:	Graduate:
If College, Degree Received:		

**REFERENCES:** Please list two people who know you professionally or personally. (No relatives please.)  
Please list people you have known for a minimum of 2 years.

Name:	Relationship:	Telephone:
Address:		
Name:	Relationship:	Telephone:
Address:		

**PLEASE DESCRIBE YOUR VOLUNTEER EXPERIENCE:**

Organization:	Telephone:	
From:            To:	Supervisor:	Title:
Your duties:		
Organization:	Telephone:	
From:            To:	Supervisor:	Title:
Your duties:		

WHY DO YOU WANT TO BE A VOLUNTEER WITH BRIDGEWAY RECOVERY SERVICES?

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WHAT INTERESTS YOU ABOUT THIS FIELD?

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HOW DID YOU LEARN ABOUT US? \_\_\_\_\_

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OTHER TRAINING OR EDUCATION YOU WOULD LIKE US TO KNOW ABOUT: \_\_\_\_\_

**DAYS AND TIME AVAILABLE (Check all that apply):**

Weekday Business Hours (8:00-5:00)  Evenings  Weekends  Other: \_\_\_\_\_

Ability to attend required monthly meetings (4<sup>th</sup> Wed. of every month, 9am)? YES  NO

At Bridgeway, we have several different areas of service throughout our programs. **PLEASE INDICATE BY “YES” OR “NO” YOUR AREA OF INTEREST.** All volunteer positions require completion of a basic training provided by Bridgeway Recovery Services. Training must be completed successfully prior to volunteer beginning work. Bridgeway Recovery Services reserves the right to terminate a volunteer from its program at any time.

\_\_\_ **Consumer Advocate:** Is available as needed. Share your story to inform and educate BRS, express a consumer’s point of view and ideas, learn the provider’s point of view, discuss and debate topics and issues, share in problem solving, participate in consensus decision-making, speak from direct experience as a consumer/survivor or family member of a consumer/survivor.

\_\_\_ **Program Support:** Is available as needed to provide various program-specific support functions. This can include assisting staff throughout various programs with maintenance tasks, client projects, transportation, client outings, and other program-specific support duties.

\_\_\_ **Office/Clerical Support:** Provide clerical and office support functions. This can include typing, answering the telephone, computer input, filing, mailings, and other support duties. This can be ongoing or on an as-needed basis.

**WHOM SHOULD WE CONTACT IN AN EMERGENCY?**

Name: \_\_\_\_\_ Day Telephone: \_\_\_\_\_

Relationship: \_\_\_\_\_ Night Telephone: \_\_\_\_\_

I understand that Bridgeway Recovery Services will verify the information in my application and that failure to provide true and complete information is grounds for disqualification from participating in the volunteer program.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

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Interviewed by: \_\_\_\_\_

Date \_\_\_\_\_

Recommendation: \_\_\_\_\_