

BRIDGEBUILDERS VOLUNTEER APPLICATION

55 Kip Center
55 Kip Avenue
Rutherford, NJ 07070
201-460-1600

Date: _____

Please Print

Last Name: _____ First Name: _____

Address: _____

Town: _____ Zip: _____

Email address: _____ Birth date: _____

Phone #: _____ Cell #: _____

Emergency contact: _____ Phone #: _____

Work, training and/or other relevant experience (including volunteer experience):

Interests, skills, or hobbies : _____

Are you fluent in other language besides English? (specify) _____

How did you hear about our volunteer program? _____

Preference of Volunteer Service:

On premise at 55 Kip Center : Kitchen ___ Thrift ___ Classes ___ Office

___ Fund raising ___ Entertainment ___ Other _____

Home Friends: Escort ___ Friendly Visitor ___ Telephone Reassurance

___ Shopping with care receiver ___ shopping for care-receiver _____

Household chores (small tasks, raking, etc.) _____

Availability:

Which days of the week? Mon. ___ Tues. ___ Wed. ___ Thurs. ___ Fri. ___
Sat. ___ Sun ___

Do you prefer morning, afternoon, or evening? _____

Are you willing to fill in for another volunteer in case of an emergency? Yes ___
No ___

Would you be able to provide transportation for a client to a doctor's appointment,
food shopping or other essential transportation needs? Yes ___ No ___
If you said yes to the above, please complete the following information.

Car Insurance: (This information is required for all applicants transporting clients
to be covered by our insurance)

Name of Insurance Co.: _____

Policy #: _____

NJ Driver's License #: _____

Signature: _____

Please give two references: Please do not list relatives.

Name: _____ **Relationship:** _____

Address: _____ **Phone:** _____

Town & Zip Code: _____

Name: _____ **Relationship:** _____

Address: _____ **Phone:** _____

Town & Zip Code: _____

----- **FOR OFFICE USE ONLY: Date of Interview:**

Action: _____

Training: _____