



Volunteer Application

Name _____ DOB _____ Date _____

Address _____ City _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

Email _____

What is the best way to contact you: _____

Emergency Contact Name & Phone: _____

Current Occupation: _____

How did you hear about Bridges and why do you want to volunteer?

Areas of interest *(please circle all that apply)*: Office or Clerical / Moving / Painting / Cleaning / Repairs /
Committee or Board / Other _____

Community affiliations (clubs, churches, service organizations, etc.):

Special skills, training, and hobbies: _____

Previous volunteer experience: _____

Please list 3 professional and/or personal (not including relatives) references below:

Name/Relationship	Email	Phone	Contacted
1.			
2.			
3.			

I hereby give permission for photographs of me, participating in activities with Bridges to Housing Stability, may be used by Bridges for publicity and promotion purposes.

I agree that I will protect the confidentiality of all clients / tenants , including all personal information.

Signature _____ Date _____

Parent / Guardian Signature _____ Date _____

I do not wish to receive emails from Bridges about volunteering & donation needs (updates)

Bridges to Housing Stability, Inc.
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