



**References**

*Please provide three references (must include at least one professional or academic reference)*

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_

E-mail: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_

E-mail: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_

E-mail: \_\_\_\_\_

Please provide the days of the week and times you are available to volunteer:

Day	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Time							

Please indicate the volunteer position(s) you are interested in pursuing: (Check all that apply)

Programs			
Crisis Intervention	Residential (Shelter)	Prevention & Education	Advocacy Training
<input type="checkbox"/> Hotline Advocate <input type="checkbox"/> Crisis Advocate	<input type="checkbox"/> Child/Teen Group Facilitator <input type="checkbox"/> Women's Group Facilitator	<input type="checkbox"/> Speaker's Bureau <input type="checkbox"/> Outreach Aide <input type="checkbox"/> Volunteer Aide	All volunteers must attend scheduled volunteer training.
Hotline Advocate and Crisis Advocate positions require a <u>mandatory</u> 40 hour training prior to assignment. A commitment of 4 hours per week is required upon assignment.  *Effective 08/01/2008	<input type="checkbox"/> Children's Program Aide	<b>Special Projects/Admin</b>	Please refer to Advocacy Training calendar for 2008/09.
	<input type="checkbox"/> Clerical Aide	<input type="checkbox"/> Special Projects	
	<input type="checkbox"/> Pantry Aide	<input type="checkbox"/> Special Events	
	<b>Destiny Village (Perm. Housing)</b>	<input type="checkbox"/> Office Aide	
	<input type="checkbox"/> Child/Teen Group Facilitator	All volunteers must attend 1 hour orientation prior to assignment.  *Effective 08/01/2008	
	<input type="checkbox"/> Children's Program Aide		
	<input type="checkbox"/> Maintenance Person		
	<input type="checkbox"/> Women's Group Facilitator		

Please explain your interest in working with survivors of domestic violence, sexual assault and the homeless population:

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**Skills Inventory**

Please assist us in matching you to the most rewarding volunteer experience by checking the skills that you bring to the organization as a volunteer.

Accounting		Bilingual	
Carpentry		Childcare	
Computer Repair		Data Entry	
Decorating		Event Planning	
Facilitating Support Groups		Fundraising	
Gardening		Grant Writing	
Graphic Design		Hair Stylist	
Home Repair		Journalism	
Landscaping		Library Science	
Licensed Counselor		Marketing	
Mentoring		Microsoft Access	
Microsoft Excel		Microsoft Publisher	
Microsoft Word		Microsoft PowerPoint	
Crisis Intervention/Calls		Public Speaking	
Training		Tutoring	
Volunteer Management		Web Development	
Other:			

Thank you for your interest in volunteering with The Bridge Over Troubled Waters, Inc. Please note that we will screen each applicant for acceptance into the volunteer program by conducting a **criminal background check** to ensure a valuable experience for both the volunteer and the clients served by our agency.

I hereby affirm that my answers to the questions in this application are true and correct and that I have not knowingly withheld any fact or circumstances that would, if disclosed, affect my application unfavorably. I understand that any false information submitted in this application may result in my discharge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

<b>For Staff Use Only</b>		
Application Received:	Called to Interview:	Interview Date: