

**BRIDGES TO SUDAN, INC.**

**Volunteer Application**

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**Contact Information**

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

**Many of the volunteer positions require a background check. Please check one:**

**I agree to the background check.**

**If YES, please include your Social Security Number** \_\_\_\_\_

**Picture ID/License #** \_\_\_\_\_

**I do not agree to the background check.**

**Availability**

During which hours are you available for volunteer assignments?

Weekday mornings

Weekday afternoons

Weekday evenings

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**Interests**

Tell us in which areas you are interested in volunteering

<input type="checkbox"/> Administration	<input type="checkbox"/> Homework Helper
<input type="checkbox"/> Clerical	<input type="checkbox"/> Keep in touch project
<input type="checkbox"/> Donation pickups/del's	<input type="checkbox"/> Other (explain)
<input type="checkbox"/> Fundraising	<input type="checkbox"/> Volunteer Coordination

# BRIDGES TO SUDAN, INC.

## Special Skills or Qualifications

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## Previous Volunteer Experience

Summarize your previous volunteer experience.

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## References (3)

<b>Name</b>	
E-Mail Address	
Home Phone	
Work Phone	
<b>Name</b>	
E-Mail Address	
Home Phone	
Work Phone	
<b>Name</b>	
E-Mail Address	
Home Phone	
Work Phone	

## Person to Notify in Case of Emergency

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

# BRIDGES TO SUDAN, INC.

## Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed)	
Signature	
Date	

## Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in volunteering with us.

**PLEASE FAX TO: 904-543-1775 OR MAIL TO ADDRESS BELOW. Thank you for your interest!**



**830 - 13 AIA North #108  
Jacksonville FL 32082**