



Bridges to Safety

Children's Program Volunteer/Internship Application

Name _____ Date _____

Address _____ City _____ Zip _____

Home Phone _____ Work/Cell _____

E-Mail Address _____

How did you hear about Bridges to Safety? _____

Have you received services from Bridges to Safety in the past 12 months? Yes No

Are you 18 years or older? Yes No If you are under 18, what is your date of birth? _____

Are you applying to volunteer or intern? Volunteer Intern

Employment: List current or latest employer and other work experience that relates to your interest in volunteering at Bridges to Safety, including hours and duties/responsibilities, as well as employment dates.

Students: Where are you a student? _____

High School Undergraduate Graduate Major/Field _____

Volunteering: Please list any volunteer experience you have had, including how long you volunteered.

Special Skills: Please list any foreign languages, sign language, legal background, computer skills, and/or experience with people of diverse backgrounds, etc.

Children's Experience: Please describe your experience working with children in a professional (including babysitting) or volunteer capacity, including age groups you worked with.

Working with Children: Please describe in detail why you enjoy working with children and the fun things you like to do when working with them.

Describe a challenging situation you have faced when working with children and how you handled it.

Personal Goal Statement: Please describe why you are interested in working with our program and what you hope to gain from the experience.

Availability: Please list days of the week and hours you are available to volunteer or intern. (You must be available for **at least 3 hours in a row between 8 am and 4:30 pm, Monday through Friday**. We are unable to offer evening or weekend hours.)

Can you make a commitment to volunteering at Bridges to Safety of at least 6 months? Yes No

Are you able lift at least 50 pounds and sit on the floor for extended periods? Yes No

References: Please provide two work and/or volunteer references. **At least one must be a childcare reference.** Please do not use family members or friends as references.

Name _____ Phone _____

How do you know this person? _____

Name _____ Phone _____

How do you know this person? _____

Emergency Contact: Name _____ Phone _____

I affirm that all information provided on my application is truthful. I also understand that obtaining a volunteer position or internship at Bridges to Safety is contingent on passing criminal background and reference checks.

Signature _____

Date _____

Return application to:

Jacquelin, Bridges to Safety, 15 W. Kellogg Blvd, Room 140, St. Paul, MN
55102 or fax to (651) 266-9926.