

### VOLUNTEER OPPORTUNITIES

Once you decide on an area where you would like to volunteer, please fill out the application in its entirety. You can scan and email a completed application to cbaker@bridgingthegapliving.org or mail it to Bridging The Gap care of the Volunteers Manager at P.O. Box 930630, Norcross, GA 30003. Volunteer opportunities that require interaction with recipients will require a clean background record.

#### **ADMINISTRATIVE SUPPORT**

Help designated employees with clerical work.

#### DAILY ACTIVITY ASSISTANTS

Help Facility Manager with activities when needed.

### **EVENT ASSISTANTS**

Help with scheduled on-site and off-site events.

## **MENTORING**

One-on-one interaction with designated recipients.

# **ONE-ON-ONE TUTORING**

Provide additional tutoring help to residents.

## **INTAKE ASSISTANT**

Help process youth into program

P.O. Box 930630, Norcross, Georgia 30003



# **VOLUNTEER APPLICATION**

# **DIRECTIONS:**

LAST NAME	MIDDLE INI	ΓIAL	FIRST NAME
ADDRESS	CITY	STATE	ZIP CODE
ADDICES	CITT	SIMIL	ZH CODE
TELEPHONE	MOBILE	EMAIL	
NAME OF EMPLOYER		OCCUP	ATION
EMPLOYER ADDRESS	CITY	STATE	ZIP CODE
Supervisor's Nar	me	Telephone	
re to list the correct inf sion of fact and will ortunities with Bridging T	permanently block	onsidered an intenti	
you ever been convicte		No	heets if needed)



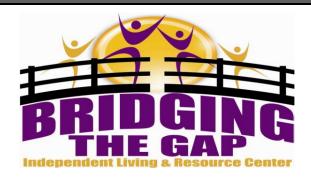
Have you ever been convicted f yes, please explain.	of any child or sexual abuse	charges? Yes No
ow did you hear about Bridgi	ng The Gap?	
Website		
Mailing		
Family/Friend		
College/School	_ Other	
f you selected other, please list.		
can contribute to the lives of o	ur yourn?	
Do you have any previous volu nclude organization name, mo Attached additional sheets if r	nth/year, your duties and nur	
Organization's Name	Month/Year	Hours Given
	Duties	
Organization's Name	Month/Year	Hours Given



Please discuss any concer	ns you may have a	about volunteering with us.	
Please list any hobbies or scomputers, etc.)	special training/sk	ills you have (i.e. language, certific	cations,
Please check all areas of ir	iterest and put the	em in order from greatest to least.	
ADMINISTRATIVE	SUPPORT	CHILD CARE ASSISTANT	
CLOTHING DISTRI	BUTION	DAILY ACTIVITY ASSISTANT	
EVENT ASSISTAN	TS	FUNDRAISING ASSISTANT	
MENTORING		RECREATION	
RESEARCH	_	SUPPORT SERVICES	
List your availability. (Inclu	de AM or PM)		
Monday	Tuesday	Wednesday	
Thursday	Friday	Saturday	



PLEA	SE LIST AT LEAST T	WO REFERENCE	ES.
EFERENCE 1			
LAST NAME	MIDDLE INIT	TIAL	FIRST NAME
ADDRESS	CITY	STATE	ZIP CODE
TELEPHONE	MOBILE	EMA	IL .
EFERENCE 2			
LAST NAME	MIDDLE INIT	TIAL	FIRST NAME
ADDRESS	CITY	STATE	ZIP CODE
TELEPHONE	MOBILE	EMA	TL



# **BACKGROUND CHECK**

I agree	e to	submit	to a	ba	ckground	ch	eck	to confir	m tł	nat n	ny involve	ment ii	ı B	TG's	prog	gram	15
would	not	jeopar	dize	its	standing	in	the	commu	nity,	its	non-profit	status	in	any	way	by	8
crimin	al de	erogatoi	ry pa	st.													

Signature of Volunteer			
	This	Day of	200
Social Security:		D.O.B.:	
Official Witness (Notary)	Signature_		
	Date		
	OFFICE US		
APPROVAL		E ONLY  O APPROVE	(Explain below)
APPROVAL			(Explain below)
	UNABLE TO	O APPROVE	· •
	UNABLE TO		