



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:

Please read carefully before completing this application. Type or print your information clearly in blue/black ink. Mail or fax in the completed application to Bridging The Gap.

_____	_____	_____	_____
LAST NAME	MIDDLE INITIAL	FIRST NAME	

ADDRESS	CITY	STATE	ZIP CODE

TELEPHONE	MOBILE	EMAIL	

NAME OF EMPLOYER	OCCUPATION		

EMPLOYER ADDRESS	CITY	STATE	ZIP CODE

Supervisor's Name	Telephone		

WARNING:

Failure to list the correct information will be considered an intentional misstatement or omission of fact and will permanently block an applicant from future volunteer opportunities with Bridging The Gap.

Have you ever been convicted of a crime? Yes ___ No ___
(Exclude minor traffic violations) If yes, please explain. (Attach additional sheets if needed)



Have you ever been convicted of any child or sexual abuse charges? Yes ___ No ___
 If yes, please explain.

How did you hear about Bridging The Gap?

- | | |
|--------------------|----------------------|
| Website ___ | Literature ___ |
| Mailing ___ | Church ___ |
| Family/Friend ___ | Referral Service ___ |
| College/School ___ | Other ___ |

If you selected other, please list.

Why are you interested in volunteering with Bridging The Gap? What do you feel you can contribute to the lives of our youth?

Do you have any previous volunteer experience? If yes, please briefly describe, and include organization name, month/year, your duties and number of hours given. (Attached additional sheets if needed.)

Organization's Name	Month/Year	Hours Given
Duties		
Organization's Name	Month/Year	Hours Given
Duties		



Please discuss any concerns you may have about volunteering with us.

Please list any hobbies or special training/skills you have (i.e. language, certifications, computers, etc.)

Please check all areas of interest and put them in order from greatest to least.

- | | | | |
|------------------------|-----|--------------------------|-----|
| ADMINISTRATIVE SUPPORT | ___ | CHILD CARE ASSISTANT | ___ |
| CLOTHING DISTRIBUTION | ___ | DAILY ACTIVITY ASSISTANT | ___ |
| EVENT ASSISTANTS | ___ | FUNDRAISING ASSISTANT | ___ |
| MENTORING | ___ | RECREATION | ___ |
| RESEARCH | ___ | SUPPORT SERVICES | ___ |

List your availability. (Include AM or PM)

Monday _____ Tuesday _____ Wednesday _____
Thursday _____ Friday _____ Saturday _____



Are you willing to commit to a consistent volunteer schedule (Example two hours a week or three hours a month)? Yes ___ No ___ If no, please explain.

PLEASE LIST AT LEAST TWO REFERENCES.

REFERENCE 1

LAST NAME	MIDDLE INITIAL	FIRST NAME	
ADDRESS	CITY	STATE	ZIP CODE
TELEPHONE	MOBILE	EMAIL	

REFERENCE 2

LAST NAME	MIDDLE INITIAL	FIRST NAME	
ADDRESS	CITY	STATE	ZIP CODE
TELEPHONE	MOBILE	EMAIL	

ALL ANSWERS AND INFORMATION LISTED IS COMPLETE AND TRUE. I HAVE NOT WITHHELD ANY NEGATIVE INFORMATION THAT WOULD AFFECT THE APPROVAL OF MY APPLICATION.

SIGNATURE: _____ **DATE:** _____



BACKGROUND CHECK

I agree to submit to a background check to confirm that my involvement in BTG's programs would not jeopardize its standing in the community, its non-profit status in any way by a criminal derogatory past.

Signature of Volunteer _____

This _____ Day of _____ 200__

Social Security: _____ D.O.B.: _____

Official Witness (Notary) Signature _____

Date _____

OFFICE USE ONLY

APPROVAL _____ UNABLE TO APPROVE _____ (Explain below)

BTG REPRESENTATIVE SIGNATURE _____ DATE _____