

Community Affiliations	Affiliations are extremely helpful when submitting grant/funding requests as well as highlighting partnerships in our community. Please speak with us if you have questions.
Church	City: _____
Civic Group	(Lions/Rotary, Men's/Women's club, etc.)
Clubs/Organizations	
Are you available year round? Yes ___ No ___ List month(s) you are not available : _____	
Circle which day(s) you are available to volunteer: Monday Tuesday Wednesday Thursday Friday Saturday VARIES	
Is this court ordered service? No___ Yes___ Which County? _____	
How many hours? _____ To be completed by: ____/____/____ *All paperwork must be on file prior to your first day.	
Are you a native speaker or fluent in a language other than English?	
How did you learn about our Volunteer Opportunities? Volunteer Referral? (name) _____	
Church/Organization/Business/School : _____	
Bridging Brochure ___ Bridging Website ___ Bridging Truck ___ TV/Radio ___ Newspaper ___ Event ___	

I understand that I am not considered an employee of Bridging while performing volunteer work for the organization. I further understand that as a volunteer, I am not covered by Workers' Compensation insurance (medical coverage or loss of wages) for injury that may occur while I am acting as a volunteer. In connection with my voluntary involvement in activities undertaken for, and with the participation and support of Bridging, a nonprofit organization, I hereby agree for myself, my heirs, assigns, executors, and administrators to release and discharge Bridging, its officers and directors, employees, agents, and volunteers from all claims, demands, and actions for injuries sustained to my person and/or property as a result of my involvement in such activities, whether or not resulting from negligence, and I agree to release and hold Bridging, its officers and directors, employees, agents, and volunteers harmless from any cause of action, claim, or suit arising therewith. I hereby attest that my attendance and involvement in such activities is voluntary, that I am participating at my own risk, and that I have read the foregoing terms and conditions of this release.

I further grant to Bridging, its assigns and successors, my consent and full right to use my name, photograph, likeness, image, voice, and biography in any and all media publications, advertising, and publicity in connection with my participation hereunder.

We require that persons receiving services from Bridging be given the utmost respect and have their information treated confidentially. SPECIFICALLY: 1.) You may not share any information, verbal or written, regarding any person without expressed permission of staff and a signed consent to release information by the persons involved. 2.) You may not discuss, present or share any information about a client outside this facility that would breach that client's confidentiality or anonymity.

Individual Signature: _____ **Date:** ____ / ____ / ____

Parent/Guardian Signature: _____ **Date:** ____ / ____ / ____

All volunteers under the age of 18 must have a parent or guardian signature before they can start. Rev. 1/9/09