

Date Received:	
Tour/1 st meeting:	
Entered in DB:	
Volunteer Type:	
Start Date:	
Short Term	YES - NO



Volunteer Profile

BLOOMINGTON
 201 West 87th Street
 Bloomington, MN 55420
 Office: 952-888-0746
 diana@bridging.org

ROSEVILLE
 1633 Terrace Drive
 Roseville, MN 55113
 Office: 651-319-9295
 joe.mckinley@bridging.org

Please Print Location: Bloomington Roseville

Last Name:		First Name:		Nickname:	
Address:					
City:		State:		Zip Code:	
Birth Day: (month & day only) ____ / ____			Home Phone:		
Cell Phone:			Email Address:		
Work Phone:					
If student, current grade:			School Attending:		
Present Occupation:		Employer's Name: <i>Retired? Previous Employer? Used for funding requests</i>			
Community Affiliations: (i.e. churches, clubs, civic groups, organizations)					
Emergency Contact #1			Emergency Contact Numbers		
Contact Name: _____			Phone 1: () _____		
Relationship: _____			Phone 2: () _____		
Emergency Contact #2			Emergency Contact Numbers		
Contact Name: _____			Phone 1: () _____		
Relationship: _____			Phone 2: () _____		
Volunteer Areas of Interest: (check all that apply)	<input type="checkbox"/> Shopping Assistant		<input type="checkbox"/> Repair Shop		<input type="checkbox"/> Sewer – on site
	<input type="checkbox"/> Dresser Shop (Bloom. Only)		<input type="checkbox"/> Product Sorter		<i>and off site avail.</i>
	<input type="checkbox"/> Electrical Shop		<input type="checkbox"/> Building Maintenance		
	<input type="checkbox"/> Office/Administrative		<input type="checkbox"/> Warehouse Assistance		
	<input type="checkbox"/> Transportation – Driver & Handler needed <i>(Drivers require MNDot health card)</i>				



<p>Are you available year round? YES ___ NO ___ Please CIRCLE which month(s) you are AVAILABLE: Jan – Feb – Mar – Apr – May – June – July – Aug – Sept – Oct – Nov – Dec</p>
<p>Check which day(s) you are AVAILABLE to volunteer: Monday ___ Tuesday ___ Wednesday ___ Thursday ___ Friday ___ Saturday ___ VARIES ___</p>
<p>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.</p>
<p>Are you a native speaker or FLUENT in a language other than English and if so, what languages? (specify: speak, read, or write)</p>
<p>How did you learn about our Volunteer Opportunities? Volunteer Referral? (name) _____ Church/Organization/Business/School : (name) _____ Bridging Brochure ___ Bridging Website ___ TV ___ Newspaper ___ Radio ___ OTHER _____</p>

Confidentiality Agreement

We are confident that persons participating in services provided by Bridging, Inc. will be given that utmost respect in terms of confidentiality of information about their participation. SPECIFICALLY:

- You may not admit to, acknowledge or inform anyone or any agency that a person has participated at this agency.
- You may not share any information verbally or written regarding any persons without (a) expressed permission of staff (b) a signed consent to release information by the person involved.
- You may not discuss, present or share any information about a client outside this facility that would breach that client's confidentiality or anonymity. You may not use a client's name.
- Any breach of the above agreement will result in termination and/or disassociation from this agency.

By signing this form I am acknowledging that I have read and understand the Confidentiality Agreement as stated.

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.

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. 6/08