

Volunteer Applicatio	n	Date Date of Birth			
Name					
Address		Phone: Cell			
		Other			
Email		Race/Ethnicity			
Please list two personal r	eferences and optionally a	attach a resume:	(optional)		
Name	Na	ame			
Email	E	Email			
Phone	PI	_ Phone			
0	u prefer to work (indicate	roups: Thursday Friday 1 st - 4 th choices):	Saturday		
What special skills do you Languages spoken Do you have experience w			e describe:		

On an additional sheet, please briefly describe why you are interested in being a DrawBridge volunteer.

Please email to <u>alesha@drawbridge.org</u> or mail to DrawBridge, P.O. Box 2698, San Rafael, CA 94912



Volunteer Health Status

Name

(please print first and last name)

All volunteers must provide written proof of negative results of either a Tuberculosis skin test or X-ray. This TB screening must have been done within the past year.

Please complete the following form before you start your volunteer service.

1. Medical History

I certify that I have no physical disabilities, communicable diseases or other medical problems that prevent me from working at DrawBridge with the following exception (if the answer is "none," please state "none").

2. Tuberculosis (TB) Skin Test

I agree to show the results of a TB skin test taken within the last year or to have a TB skin test done before I begin my service at DrawBridge or within 14 days of my initial presence at a site.

Signature_____

Date			

Criminal Record Check Agreement

Access to individual criminal records has recently been approved in the state of California for educational groups/organizations working with children. This is great news because it allows us to protect children against possible sex offenders and other criminals. DrawBridge feels it is our responsibility to conduct a criminal history record check for all potential staff and volunteers. The following agreement is your acknowledgment of our right to conduct this check. Please sign below to affirm the above information as read and understood by you as a prospective DrawBridge employee.

Name

Date

Signature