



An arts program for homeless children

Volunteer Application

Date _____

Name _____ Date of Birth _____

Address _____ Phone: Cell _____

_____ Other _____

Email _____ Race/Ethnicity _____

(optional)

Please list two personal references and optionally attach a resume:

Name _____ Name _____

Email _____ Email _____

Phone _____ Phone _____

Specify days when you are available. Most of our groups take place late afternoon or early evenings, with 2 Saturday daytime groups:

Monday Tuesday Wednesday Thursday Friday Saturday

In which county would you prefer to work (indicate 1st- 4th choices):

Marin____ Sonoma____ San Francisco____ Santa Clara____ Alameda____ Santa Cruz____

What special skills do you have?

Languages spoken _____

Do you have experience with children/teenagers? _____

If so, please describe:

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

Please email to beth@drawbridge.org 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