



Volunteer and Facilitator Application

Name _____

Date _____

Pronouns _____

Address _____

Race/Ethnicity _____

Phone Number _____

Languages Spoken _____

Email _____

****Please list two personal references, attach a cover letter, and resume:***

Name _____

Name _____

Email _____

Email _____

Phone _____

Phone _____

Specify days when you are you are available. Art groups take place late afternoon or early evenings, Monday through Friday:

Monday

Tuesday

Wednesday

Thursday

Friday

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

Marin____ Sonoma____ San Francisco____ Santa Clara____ Alameda____ Santa Cruz____

Please describe any of your work and/or volunteer experience with children and teenagers below

*Please email this application along with additional requested documents to sarah@drawbridge.org



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

DrawBridge is committed to the safety and wellbeing of the children we serve. In accordance with state and local laws, DrawBridge requests a criminal history check for all potential staff and volunteers who have direct contact with children. 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 staff member or volunteer.

I authorize DrawBridge to conduct a criminal history check as a basis of my placement as a staff member or volunteer with the organization. I understand that I am to report any changes in my criminal history to DrawBridge.

Name

Date

Signature