



Bridges to Safety

Children's Program Volunteer/Internship Application

Name _____ Date _____

Address _____ City _____ Zip _____

Home Phone _____ Work/Cell _____

E-Mail Address _____

How did you hear about Bridges to Safety? _____

Are you 18 years or older? Yes No If you are under 18, what is your date of birth? _____

Are you applying to volunteer or intern? Volunteer Intern

Employment: List current or latest employer and other work experience that relates to your interest in volunteering at Bridges to Safety, including hours and duties/responsibilities, as well as employment dates.

Students: Where are you a student? _____

High School Undergraduate Graduate Major/Field _____

Volunteering: Please list any volunteer experience you have had, including how long you volunteered.

Special Skills: Please list any foreign languages, sign language, legal background, computer skills, and/or experience with people of diverse backgrounds, etc.

Children's Experience: Please describe your experience working with children in a professional (including babysitting) or volunteer capacity, including age groups you worked with.

Working with Children: Please describe in detail why you enjoy working with children and the fun things you like to do when working with them.

Describe a challenging situation you have faced when working with children and how you handled it.

Personal Goal Statement: Please describe why you are interested in working with our program and what you hope to gain from the experience.

Availability: Please list days of the week and hours you are available to volunteer or intern. (You must be available for **at least 3 hours in a row between 8 am and 4:30 pm, Monday through Friday**. We are unable to offer evening or weekend hours.)

Can you make a commitment to volunteering at Bridges to Safety of at least 6 months? Yes No

Are you able lift at least 50 pounds and sit on the floor for extended periods? Yes No

References: Please provide two work, volunteer, and/or academic references. **At least one must be a childcare reference.** Please do not use family members as references.

Name _____ Phone _____

How do you know this person? _____

Name _____ Phone _____

How do you know this person? _____

Emergency Contact: Name _____ Phone _____

I affirm that all information provided on my application is truthful. I also understand that obtaining a volunteer position or internship at Bridges to Safety is contingent on passing criminal background and reference checks.

Signature _____

Date _____

Return application to:
Danielle Kluz, Bridges to Safety, 15 W. Kellogg Blvd, Room 140, St. Paul, MN 55102
or fax to (651) 266-9926.