Name: Gender Pronoun: she/her he/his them/they

Address:

Date of Birth: / / Phone: Email:

Emergency Contact:

Preferred Contact  Phone  Email

Name Phone

Are you interning to fulfill a requirement as a student?  Yes  No

If yes, number of required hours Program/Professor:

Are you volunteering to fulfill a requirement as a student or court order?  Yes  No

If yes, number of required hours Required Completion Date:

Do you have a valid driver’s license and current auto insurance?  Yes  No

Do you have reliable transportation?

 Yes  No

# How did you hear about The Bridge to Hope?

 School  Staff  Friend  Club/Organization  Social Media  Other

Please describe previous volunteer experience, roles, and responsibilities:

Why are you interested in interning for The Bridge to Hope?

What is your availability?

(Please be specific with hours)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
| Morning |  |  |  |  |  |  |  |
| Afternoon |  |  |  |  |  |  |  |
| Evening |  |  |  |  |  |  |  |

How frequently would you like to work?

**Please list 2 references (no family members):**

|  |  |
| --- | --- |
| Name  Relationship  Address  Phone |  |
|  |
|  |
|  |

|  |  |
| --- | --- |
| Name  Relationship  Address  Phone |  |
|  |
|  |
|  |

I certify all information provided is accurate and current. I understand applying does not guarantee placement as a volunteer or intern, and the determination of a volunteer or intern assignment is made both by The Bridge to Hope staff and the availability of an appropriate position for me. In turn, I understand applying does not obligate me to become a volunteer with The Bridge to Hope.

Signature Date

I give The Bridge to Hope Inc. permission to take and use pictures of me for the promotion of The Bridge to Hope programs and services.

Signature Date

# For Internships please return this application to: [brittanyo@thebridgetohope.org](mailto:brittanyo@thebridgetohope.org)

# For volunteering please return this application to: [manager@thebridgetohope.org](mailto:manager@thebridgetohope.org)

*If you have questions, please call: 715-235-9074*

**Criminal Background Check Consent**

The Bridge to Hope, Inc.’s policy is to conduct criminal background investigations for applicants for any position within the agency – paid and unpaid. Conducting criminal background checks on all newly hired individuals helps to protect clients, employees, the general public, and property. Volunteers, board members, and employed staff are all subject to an annual criminal background investigation.

All employee offers are contingent upon satisfactory results of the criminal background check. Applicants refusing to complete this, or failing to answer truthfully and completely, will not receive offers of employment, or employees will have their employment terminated. Any agreement regarding employment already signed will be cancelled.

All employees will have a new background check performed yearly.

I understand that The Bridge to Hope will perform a Criminal History Background Check, as well as a Sex Offender Registry search, as part of the procedure for processing my application for employment.

I understand that my social security number will be verified and information about my criminal background will be obtained. I understand that I must disclose *any state in which I have worked, lived, or attended school in the last 5 years,* so an appropriate check can be completed through those state databases.

I understand that the information contained in the Criminal History Background Check will be available to those persons involved in making employment decisions or performing the background investigation, and that this information will be used for the purpose of making an employment decision.

I hereby consent to the Criminal History Background Check as described above, and authorize The Bridge to Hope to procure reports concerning my background as stated above.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Applicant Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_-\_\_\_\_\_\_-\_\_\_\_\_\_

Print Full Name of Applicant Social Security Number

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth Race/Ethnicity

I have lived, worked, or attended school in the following states in the last 5 years (with dates):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­­­

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