

**BRIDGES Domestic Violence Center**  
**VOLUNTEER APPLICATION**

Thank you for your interest in becoming a Bridges Volunteer. This application is to give us a little information about you, your interests, and availability, which precedes participation in our program. Please use any additional space needed to tell us about you.

This program does not discriminate with regard to sex, race, religion, class, sexual orientation, national origin, disability, age, or marital status.

Where did you hear about this opportunity? \_\_\_\_\_

**PERSONAL HISTORY**

Date \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_ Sex \_\_\_\_\_

(Please print)

Address \_\_\_\_\_

(Street)

(City)

(State)

(Zip)

Telephone \_\_\_\_\_

(Home)

(Work)

(Cell)

Email \_\_\_\_\_

Driver's License Number \_\_\_\_\_ State \_\_\_\_\_ Expires \_\_\_\_\_

Vehicle Ins. Carrier \_\_\_\_\_ Expires \_\_\_\_\_

**BILINGUAL**

Yes  No If yes, languages \_\_\_\_\_

**INTERESTS**

Please describe any special skills, experience and interests you have which would help us place you in an appropriate volunteer position:

\_\_\_\_\_

Would you be interested in working on one of our events? \_\_\_\_\_

Would you be interested in working on a fundraiser? \_\_\_\_\_

Would you be interested in working on a service project? \_\_\_\_\_

Please share any other information that you think is helpful:

\_\_\_\_\_

What days/times are you available to volunteer? Please also indicate how long of a shift you are able to volunteer for (ex: 2 hours, 4 hours, 8 hours, etc.) \_\_\_\_\_

\_\_\_\_\_

Send Application to: [Christinep@bridgesdvc.org](mailto:Christinep@bridgesdvc.org)

or mail to Christine Parris at PO Box 1592 Franklin, TN 37064. Thank you.