

Location: _____
 Schedule/subject: _____
 1st Day: _____



KIDSBRIDGE Volunteer Application 2018

Date: ___/___/___ Name: _____ Date of Birth: _____

Phone Number: _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

Gender:

- Female
- Male
- _____

Ethnicity

- Hispanic or Latino
- Not Hispanic or Latino

Race

- American Indian/ Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
- Other: _____

Languages Spoken Fluently

- English
- Spanish
- _____
- _____

Availability

KidsBridge Summer Learning Program is a six week program, July 9-August 17.

The program is full-day, Monday –Friday and children attend 9:00 a.m.-3:00 p.m.

We schedule volunteers in consistent shifts each week. Please select the shifts that you are available each week. Preference will be given to volunteers who are available for 2 or more timeslots per week.

Please indicate all the timeslots you are available.

Monday	Tuesday	Wednesday	Thursday	Friday
8:30 a.m. -12:00 p.m.	8:30 a.m. -12:00 p.m.	8:30 a.m. -12:00 p.m.	8:30 a.m. -12:00 p.m.	8:30 a.m. -12:00 p.m.
12:00 p.m. -3:30 p.m.	12:00 p.m. -3:30 p.m.	12:00 p.m. -3:30 p.m.	12:00 p.m. -3:30 p.m.	12:00 p.m. -3:30 p.m.

Scheduling notes: We are closed on Monday, August 13. We have a family event from 3 p.m. -4 p.m. on July 25.

We understand it is summer and you may have vacation plans. Are there any days you know you will not be able to volunteer?

Contacts

Date: _____
 Date: _____
 Date: _____
 Date: _____

Teacher _____
 Program _____
 Database ___/___/___ Sig _____
 Spreadsheet ___/___/___ Sig _____

For Official Use Only

BCI ___/___/___ Sig _____
 Ref s ___/___/___ Sig _____
 NSOWP ___/___/___ Sig _____
 Training ___/___/___ Sig _____

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Background

All Inspiring Minds volunteers must be trained and undergo a criminal background check (BCI).

Have you ever been convicted of a crime? Yes No

If yes, please provide details: _____

References are required for all new Inspiring Minds tutors. Please list two individuals who have known you for at least two years. *Please do not use family members as references.*

Name: _____ Name: _____

Phone: _____ Phone: _____

Email: _____ Email: _____

Relationship: _____ Relationship: _____

Please complete the following section legibly. Use an additional sheet if necessary.

Why do you wish to volunteer? _____

What skills and qualities would you bring to Inspiring Minds? _____

What do you hope to gain from your experience? _____

Which best fits you?

Community Member Student Attending _____ Business Affiliate at _____

Parent of a student at _____ Other: _____

How did you hear about us? _____

I give permission for my name, photo, video and written/oral language or statements about the Inspiring Minds program to be used by Inspiring Minds in publications, press releases, etc. for as long as I am a volunteer with the program. I certify that the facts contained in this application, or any other document used for selection purposes as well as any other verbal or written statements made by me during the selection process, are true and complete to the best of my knowledge.

Signature: _____ **Date:** _____

Recommend a Friend

Do you know someone that would also enjoy volunteering with Inspiring Minds? Tell us who could help.

Name: _____ Phone number: _____

Relation: _____ Email : _____