



COMMUNITY BRIDGES
PUENTES DE LA COMUNIDAD

VOLUNTEER APPLICATION

**COMMUNITY BRIDGES IS COMMITTED TO STRENGTHENING OUR DIVERSE
COMMUNITY THROUGH INNOVATIVE HUMAN SERVICES.**

**SINCE 1977, WE HAVE BEEN A CATALYST FOR A BRIGHTER FUTURE BY
OPENING DOORS, OFFERING HOPE AND PROVIDING A HAND UP TO THE
PEOPLE OF SANTA CRUZ COUNTY.**

Thank you for your interest in volunteering with Community Bridges.

519 Main Street Watsonville, CA 95076 | Telephone: (831) 688-8840 ext. 200 | Fax: (831) 688-8302

www.communitybridges.org

Today's Date: _____

Last Name: _____ First Name: _____ Middle Initial: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Email: _____

Emergency Contact: _____ Relationship to you: _____

Emergency Contact's Phone Number: _____

Are you over the age of 18? Yes No If not, please provide your age: _____

How did you find out about Community Bridges? _____

With which programs are you interested in volunteering? Please check the program and/or location.

(Additional information can be found at www.communitybridges.org)

Programs:

- Administration (ADM)
- Child and Adult Care Food Program (CACFP)
- Lift Line (LL)
- Elderday (ELD)
- Child Development Division (CDD)
- Family Resource Collective (FRC)
- Meals on Wheels (MOW)
- Women, Infants, and Children (WIC)

Locations:

- San Lorenzo Valley (CDD, MOW, FRC, WIC)
- Santa Cruz (ELD, CDD, FRC, MOW, WIC)
- Capitola/Live Oak (FRC, MOW)
- Watsonville (CDD, FRC, MOW, WIC, ADM, CACFP, LL)

What language(s) do you speak? _____

How many hours per week would you like to volunteer? _____

Please provide any particular hours that you are available and interested in volunteering:

Monday	Tuesday	Wednesday	Thursday	Friday

Please attach a resume and/or briefly describe your background and any specific interests you might have in volunteering with Community Bridges:

Note: An applicant with a sealed or expunged record may answer "no" with respect to any inquiry herein relative to convictions. In addition, any applicant may answer "no" with respect to any inquiry relative to prior

arrests, court appearances and adjudications in all cases of delinquency or as a child in need of services that did not result in a complaint transferred to the superior court for criminal prosecution. Additionally, no applicant will be denied simply based on an affirmative response herein; factors such as the type and seriousness of the crime, the frequency of the violations, the age at the time, the entire work and education history, and the nature of the opportunity sought will be taken into consideration. If your response to any of the foregoing questions was "yes," then please provide the following information on a separate page and attach it with your application: (1) date of conviction, (2) charge, (3) location and (4) the sentence and/or outcome.

- | | | |
|---|-----|----|
| 1. Is your driver's license restricted or suspended? | Yes | No |
| 2. Have you been convicted of a felony within the past seven years? | Yes | No |
| 3. Have you been convicted of a misdemeanor within the past five years (other than a first conviction for any of the following misdemeanors: public intoxication, DUI, simple assault, speeding, minor traffic violations, marijuana related offenses*, affray or disturbance of the peace)? | Yes | No |
| 4. Have you completed a period of incarceration within the past five years for any misdemeanor (other than a first conviction for any of the following misdemeanors: drunkenness, simple assault, speeding, minor traffic violations, marijuana related offenses*, affray or disturbance of the peace)? | Yes | No |
| 5. If the answer to question number 4 above is "yes", please state whether you were convicted more than five years ago for any offense (other than a first conviction for any of the following misdemeanors: drunkenness, simple assault, speeding, minor traffic violations, marijuana related offenses*, affray or disturbance of the peace)? | Yes | No |

*Applicants may answer "no" if they were convicted of any misdemeanor marijuana related offenses that are more than two years old.

CERTIFICATION:

I certify that the information provided by me on this Application, accompanying documents, or any attachments that I have supplied, is true, correct and complete to the best of my knowledge and that any misrepresentation, omission, falsification or failure to disclose pertinent information will be cause for dismissal if I am accepted as a volunteer.

I authorize, consent and hold harmless my current and prior employers, educational institutions and persons or organizations named in this Application (or accompanying documents) to release any information to Community Bridges that may be required to make a decision for my volunteer services. This authorization will serve as a release of any and all information and for this purpose; a photocopy shall be considered an original and valid.

I understand and agree that this Volunteer Application is not a contract and that any acceptance of volunteering is not a contract for a definite term. I understand that the Volunteer Application will remain active for six (6) months. After that time, if I desire further consideration by Community Bridges, I will renew my Application in writing or in person.

Signature: _____ Date: _____

Authorization Statement for Criminal History Record Check- Community Bridges

I, _____ (print your name), hereby Authorize Community Bridges to obtain information pertaining to any charges and/or convictions I may have had for violation of municipal, county, state or federal laws. This information will include, but not be limited to, allegations regarding, and convictions for, crimes committed upon minors. I understand that this information will be gathered from any law enforcement agency of this state or any state or federal government, or from third-party providers of information originally obtained from law enforcement or court records.

I understand that I will be given an opportunity to challenge the accuracy of any information received that appears to implicate me in criminal activities. To facilitate this challenge, I will be told the nature of the information and the agency from which it was obtained. It will be my responsibility to contact that agency. I further understand that until Community Bridges receives notification from that agency clearing me, my application will be deferred.

As an applicant for a staff/volunteer position, I hereby attest to the truthfulness of the representations I have made. Except as I have disclosed, I have not been found guilty of, or entered a plea of nolo contendere or guilty to any offense. Further, other than for the offenses I have disclosed, I have not had a finding of delinquency or entered a plea of nolo contendere or guilty to a petition of delinquency under the juvenile laws of this state or any other state.

I understand that I must be truthful and, if any statement I have made is found to be false, I will be denied the position for which I am making application or, if already accepted, terminated from my position.

Program _____
EE____ V____
Is This a Driving Position?
Y____ N____
Own Vehicle _____
Program/CB

SIGNATURE OF APPLICANT

DATE

FULL NAME OF APPLICANT (Including middle name if applicable)

PHONE NUMBER

ADDRESS

E-MAIL ADDRESS

CITY

STATE

ZIP

DATE OF BIRTH

SOCIAL SECURITY NUMBER

Male Female

DRIVER'S LICENSE NUMBER

STATE OF ISSUANCE

DATE OF EXPIRATION

If you would like a copy of your background check sent to you, please check this box.

To be completed by organization: Identity verified with government issued picture identification.

DATE

TYPE OF IDENTIFICATION

VERIFIER'S INITIALS

Please return to Human Resources
Fax: 688-8302
Email: hr@cbridges.org