

BRIDGE MINISTRY OF ACADIANA  
Volunteer Profile and Application

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ city \_\_\_\_\_ zip \_\_\_\_\_

Phones: Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_ Fax \_\_\_\_\_

E-mail: \_\_\_\_\_ Gender: M F

Ethnic (circle): Caucasian, Afr/Amer, Hispanic, Asian, Indian: East/West, Other \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Marital Status: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Education: circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 Technical/Trade

College 1 2 3 4 MS MA PhD Tech; Major: \_\_\_\_\_

Availability: weekdays \_\_\_\_\_ weeknights \_\_\_\_\_ weekends \_\_\_\_\_

Limitations: \_\_\_\_\_

Church you attend: \_\_\_\_\_ How Long? \_\_\_\_\_

Pastor's Name: \_\_\_\_\_

What do you believe constitutes becoming a Christian? \_\_\_\_\_

How did you find out about the Bridge? Friend Church Club Newspaper Other \_\_\_\_\_

Which one? \_\_\_\_\_

What gives you greatest personal satisfaction/fulfillment? \_\_\_\_\_

What kinds of activities come easily to you? \_\_\_\_\_

What kinds of roles do you dislike? \_\_\_\_\_

Previous Volunteer Experience: \_\_\_\_\_

What charitable, church, or community activities do you currently participate in? \_\_\_\_\_

Physical/Other Limitations: \_\_\_\_\_

"I feel my most valuable personal asset is" \_\_\_\_\_

What do you understand the purpose of the Bridge to be? \_\_\_\_\_

Why are you interested in volunteering at the Bridge? \_\_\_\_\_

In case of emergency, please notify: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

Medications: \_\_\_\_\_ Allergies: \_\_\_\_\_

Medical conditions that medical personnel should be made aware of: \_\_\_\_\_

Do you give your permission for a background check? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you able to pay \$5.00 for a background check? \_\_\_\_\_ Yes \_\_\_\_\_ No

**Please provide us with four personal references; at least 3 must be non-relatives:**

**1. Reference who can speak of your interaction with children:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Phone No: ( ) \_\_\_\_\_ Best time to reach your reference at this no. is: \_\_\_\_\_

E-mail: \_\_\_\_\_

**2. Reference who can speak of your Christian service:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Phone No: ( ) \_\_\_\_\_ Best time to reach your reference at this no. is: \_\_\_\_\_

E-mail: \_\_\_\_\_

**3. Other Reference:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Phone No: ( ) \_\_\_\_\_ Best time to reach your reference at this no. is: \_\_\_\_\_

E-mail: \_\_\_\_\_

**4. Other Reference:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Phone No: ( ) \_\_\_\_\_ Best time to reach your reference at this no. is: \_\_\_\_\_

E-mail: \_\_\_\_\_

“I hereby verify that all information on this application is accurate and honest.”

Social Security #: \_\_\_\_\_

Signature

Please mail application to: 410 Huval  
Lafayette, LA 70501 ATTN: Linda Lanclos

Or e-mail to: linda@bridgeacadiana.com