



BRIDGE BUILDER APPLICATION

CONTACT INFORMATION

Name

Street Address

City

State

Zip

Home
Phone

Work
Phone

Cell
Phone

E-Mail Address

AVAILABILITY

During which hours are you available for volunteer assignments?

- | | | |
|---|---|---|
| <input type="checkbox"/> Weekday mornings | <input type="checkbox"/> Weekday afternoons | <input type="checkbox"/> Weekday evenings |
| <input type="checkbox"/> Weekend mornings | <input type="checkbox"/> Weekend afternoons | <input type="checkbox"/> Weekend evenings |

INTERESTS

Tell us your areas of interest.

SPECIAL SKILLS OR QUALIFICATIONS

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

PREVIOUS VOLUNTEER EXPERIENCE

Bridge Builder Application P2

Summarize your previous volunteer experience.

EMERGENCY CONTACT

Name

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OUR POLICIES

It is the policy of Center for Independent Futures to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

CENTER FOR INDEPENDENT FUTURES CONFIDENTIALITY & NON-DISCLOSURE POLICY

As a volunteer Bridge Builder of Center for Independent Futures ("CIF"), I agree that during my volunteer relationship with CIF and thereafter, I will retain in confidence all Confidential Information belonging to CIF or a Participant in the Community Connectors and Bridge Builders Project which may come into my possession by virtue of, or with which I may have had access to, during my relationship with CIF.

"Confidential Information" includes, but is not limited to, information, media, records or documents concerning CIF Participants and Clients and their medical, financial, educational or personal information and records.

"Participants and Clients" means any person, including the family or guardian of any person who is participating in Center for Independent Futures' Community Connectors and Bridge Builders Project.

AGREEMENT AND SIGNATURE

By submitting this application, I affirm that the facts set forth in it are true and complete and I agree to CIF's Confidentiality and Non-Disclosure Policy. I understand that if I am accepted as a Bridge Builder, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal. I understand that an Illinois State Background Check is required for my work with CIF.

Printed Name

Signature

Date

- I have chosen to submit this application electronically. I understand that typing my name in the signature box is the legal equivalent of my signature.

Thank you for completing this application form and for your interest in building bridges with us.

Center for Independent Futures' Community Connectors and Bridge Builders Project was developed under an investment by the Illinois Council on Developmental Disabilities.