



**VOLUNTEER APPLICATION**

Name \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_ Birthdate: \_\_/\_\_/\_\_\_\_

Current Occupation: \_\_\_\_\_

Education: \_\_\_\_ High School \_\_\_\_ Some College \_\_\_\_ College Graduate \_\_\_\_ Other

**Volunteer Area of Interest**

- Activity Organizer (Holidays and special events)
- Administrative & Clerical
- Apartment Set-Up & Decoration
- Career Coaching (additional questionnaire should be completed)
- Computer & Technical Support
- Driving
- Mentoring (additional questionnaire should be completed)
- Promotional (Public speaking, writing, marketing, etc.)
- Tutoring (Please specify subject of interest: \_\_\_\_\_)
- Other: \_\_\_\_\_

**Availability**

- Monday  Tuesday  Wednesday  Thursday  Friday  Saturday  Sunday
- Morning  Lunch Hour  Afternoons  Evenings  Events Other: \_\_\_\_\_

Please tell us why you would like to volunteer with the Bridges program.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



**VOLUNTEER APPLICATION**

**Bridges of Norman, Inc.  
Confidentiality Agreement**

I will respect clients' right to privacy. I shall not solicit private information from clients unless it is essential to providing services or conducting work evaluation or research. Once private information is shared, standards of confidentiality apply. I will not discuss clients, either by name or circumstance, with friends or relatives.

I may disclose confidential information when appropriate with valid consent from a client or a person legally authorized to consent on behalf of a client. I am required to disclose confidential information in circumstances of abuse or neglect, or if the client poses a danger to himself or others.

I will inform clients, to the extent possible, about the disclosure of confidential information and the potential consequences. This applies on the basis of either a legal requirement or client consent.

I will not discuss confidential information in any setting unless privacy can be ensured. I will not provide the media with names or information about clients. I will protect the confidentiality of clients' written and electronic records and other sensitive information. I will protect the confidentiality of deceased clients consistent with the preceding standards.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**PERMISSION FOR BACKGROUND CHECK**

***\*We do ask that volunteers cover the \$20 charge for the required background check. If you have any questions, please contact us at (405) 579-9280.***

I do hereby give permission to Bridges of Norman, Inc. to investigate my background and character in the manner they see fit. I understand that falsification of any information given to the agency could invalidate my participation in the program. I understand that all information about myself will be kept in the strictest of confidence and only released by my permission.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**ADDITIONAL DOCUMENTATION**

If interested in driving, mentoring or career coaching, please also send the following with your application:

- Copy of Driver License
- Proof of Auto Insurance

If interested in mentoring or career coaching, please also complete the respective application.

You may also mail this application to: Bridges of Norman, Inc., 1670 N. Stubbeman, Norman, OK 73069