



## VOLUNTEER APPLICATION

Date \_\_\_\_\_

Driver's License # \_\_\_\_\_ Expiration Date \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Best Time To Contact: AM \_\_\_\_\_ PM \_\_\_\_\_

Days Available (please circle)

Monday    Tuesday    Wednesday    Thursday    Friday    Saturday    Sunday

Times Available: Morning: \_\_\_\_\_ Afternoon: \_\_\_\_\_ Evening: \_\_\_\_\_

Employer/Occupation \_\_\_\_\_

Areas of Interest \_\_\_\_\_

Qualifications \_\_\_\_\_

### TYPE OF WORK PREFERRED

Administrative

Camp

Fundraising

Supervising Visits

Lawn Care

General Office

### REFERENCES

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

How did you hear about Kids Bridge? \_\_\_\_\_

**Please call to schedule an appointment to return your application for consideration.  
Or return by mail**

**238 San Marco Avenue St. Augustine, Florida 32084 | Phone: (904) 824-8810**