



## Children's Bridge Foundation: Volunteer Application

Send completed application to: Coordinator of Volunteers  
Children's Bridge Foundation  
Suite 221  
1400 Clyde Avenue  
Ottawa ON K2G 3J2  
FAX: 613 226-8843  
Email: [volunteer@cbfoundation.com](mailto:volunteer@cbfoundation.com)

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

Name: \_\_\_\_\_  
(first) (last)

Address: \_\_\_\_\_

City/Prov: \_\_\_\_\_ Postal Code \_\_\_\_\_

Home Phone: \_\_\_\_\_ May we leave a message for you? \_\_\_\_

Cell Phone: \_\_\_\_\_ May we leave a message for you? \_\_\_\_

Work Phone: \_\_\_\_\_ May we leave a message for you? \_\_\_\_

Email address: \_\_\_\_\_

*As an international organization working with vulnerable children and handling financial donations, Children's Bridge Foundation has an obligation to screen volunteers. Any and all information you supply will be treated confidentially and will be used for the purposes of this volunteer application only.*

Why do you want to volunteer for Children's Bridge Foundation?

What volunteer experience do you have?

What skills/experience would you like to contribute to Children's Bridge Foundation?

**Are you proficient in other languages?**

Language:\_\_\_\_\_ Speak\_\_\_\_\_ Write\_\_\_\_\_ Can translate\_\_\_\_\_  
Language:\_\_\_\_\_ Speak\_\_\_\_\_ Write\_\_\_\_\_ Can translate\_\_\_\_\_

Occupation/primary activity\_\_\_\_\_

Education/training\_\_\_\_\_

Availability: Please indicate times and days you are available to volunteer.

	Mon	Tues	Wed	Thur	Fri	Sat	Sun
Mornings							
Afternoon							
Evenings							

And/Or: Please call me when you need me\_\_\_\_\_

**CBF Volunteer areas of interest:**

Please tell us in what area you would most like to volunteer:

- \_\_\_\_\_ Office clerical duties
- \_\_\_\_\_ Serving on the Board of Directors
- \_\_\_\_\_ Contributing to the newsletter
- \_\_\_\_\_ Assisting with special events
- \_\_\_\_\_ Providing translation services
- \_\_\_\_\_ Providing expert assistance on program areas e.g medical, social services, etc.
- \_\_\_\_\_ Organizing a fundraising committee in my community
- \_\_\_\_\_ Organizing a special event in my community
- \_\_\_\_\_ Contacting potential donors
- \_\_\_\_\_ Recruiting other volunteers
- \_\_\_\_\_ Writing grant requests
- \_\_\_\_\_ Speaking on behalf of CBF (Speaker's Bureau)
- \_\_\_\_\_ Assisting with ebay auctions
- \_\_\_\_\_ Other (please specify)\_\_\_\_\_
- \_\_\_\_\_ Please tell me where you need the most help

**References:** Please provide two personal references who are not family members.

1. Name: \_\_\_\_\_ relationship to you\_\_\_\_\_

Phone # \_\_\_\_\_

2.Name: \_\_\_\_\_ relationship to you\_\_\_\_\_

Phone#: \_\_\_\_\_

\_\_\_\_\_ I understand that as a volunteer I will be asked to sign a confidentiality agreement to protect the clients, staff and other volunteers of Children's Bridge Foundation.

\_\_\_\_\_ I agree that this information is true and complete to the best of my knowledge.

Misrepresentation or omission of information may jeopardize my opportunity to volunteer with Children's Bridge Foundation. I

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