

BRIDGES ECONOMIC DEVELOPMENT CORP.

Academic Center of Excellence

Volunteer Application

Please type or print in blue or black ink only

PERSONAL INFORMATION Please type or print in blue or black ink only.			
Name:		Phone: Home Message / Cell	
Address:		City:	Zip:
Email Address:			
Date of Birth:		Social Security:	
PLEASE INDICATE THE VOLUNTEER POSITION THAT YOU ARE APPLYING FOR:			
Position Applying for:			Date Available for work:
HOW DID YOU HEAR ABOUT THIS POSITION?			
VOLUNTEER EXPERIENCE:			
DATE(S) FROM/TO	AGENCY/ORGANIZATION	POSITION/TITLE	BASIC DUTIES
SPECIAL INTEREST: (HOW CAN YOU CONTRIBUTE TO THE PROGRAM)			
What are your skills?			
What are your talents?			
MEDICAL HISTORY:			
Do you have any health issues that could place the children of ACE at risk? No ____ Yes ____			
LEGAL INQUIRIES: The questions below are part of the process to help provide a safe and secure environment for our children. All information will be held strictly confidential by the staff. It is our desire to work with you to find a position that is fulfilling and suited to your strengths and experiences.			
Have you ever been fired or asked to resign? Yes____ No____			
Have you ever been convicted of a misdemeanor or felony by a criminal or military court? Yes____ No____			
Have you ever been convicted of any crime involving a child? Yes____ No____			
We conduct a background check on all applicants. Do you have any objections? Yes____ No____			
If you answered yes to any of the above questions, please explain briefly:			

Academic Center of Excellence (cont.)

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WORK RECORD (Start with most recent employer):

Current Employer:	Supervisor's Name:	Phone #:
Job Title:	Start Date:	End Date: Starting Rate: Ending Rate:
Basic Duties: _____		
Reason for Leaving: _____		

Employer:	Supervisor's Name:	Phone #:
Job Title:	Start Date:	End Date: Starting Rate: Ending Rate:
Basic Duties: _____		
Reason for Leaving: _____		

Employer:	Supervisor's Name:	Phone #:
Job Title:	Start Date:	End Date: Starting Rate: Ending Rate:
Basic Duties: _____		
Reason for Leaving: _____		

REFERENCES

Name	Phone No.	Years Known	Occupation

I authorize the use of any information in this application and any attached supplements to verify my statements and I authorize the past employers, doctors, all references and any other persons to answer all questions asked concerning my ability, character, reputation and previous employment record. I release all such persons from any liability or damages on account of having furnished such information.

Signature of Applicant

Date

SHORT ANSWER QUESTIONS:

List any leadership experience you've had with children:
My greatest passion in life is
One area I am working on to better myself is
The greatest strength I possess is

I understand that I am being considered for a position at the Academic Center of Excellence and I agree to abide by all the rules and regulations that apply to that position. Should my application be accepted, I agree to follow the policies and guidelines of Bridges Academic Center of Excellence and to refrain from any insubordinate conduct. I understand that all application information will be held confidential by the ACE administration. Furthermore, I agree that the statements made by me on this form are true to the best of my knowledge and belief. I understand that false answers or misleading statements on this application may be sufficient for canceling any agreements made and / or could result in dismissal, after appointment.

Signature: _____

Date: _____