



BRIDGES

FOR THE DEAF AND HARD OF HEARING

Date of Application: _____

Applications can be submitted in 3 ways:

- ❖ Drop it off at the front desk
- ❖ Scan and email it to Kristi at kristi@bridgesfordeafandhh.org
- ❖ Fax to 615-248-4797

Contact Information:

Name: _____

Address: _____ City, State, Zip: _____

Birthdate: _____ Gender: M/F Home Phone: (____-)____-____ Cell Phone/Pager: (____-)____-____

Work Phone: (____-)____-____ Email: _____

Position Applying For: (check all that apply)

Front Desk Special Events After-School Program Camps

Number of Hours Available Per Week:

1-5 5-10 10-15 15+

Please list available time frames:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
From							
To							

Background:

- ❖ I am currently: (check all that apply)
 - full-time parent full-time student part-time student work part-time
 - work full-time am self-employed retired

❖ Education:

	Name of School	City/State	# Years	Graduated
High School				
College				
Technical College				

Trade School				
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❖ I am a(n): (check all that apply)

- parent community volunteer Bridges board member retiree
 SODA CODA interpreter teacher college student other

❖ If you have a college degree, trade certificate, or specialized training of any kind, please identify:

Special Skills: (check all that apply)

- cooking/baking sewing quilting crafts/arts storytelling (ASL)
 athletics coaching drama creative writing tutoring dance
 stepping peer counseling conflict resolution computers other(_____)

Why do you want to volunteer with Bridges?

How, when, and why did you become interested in Deaf and Hard of Hearing issues?

I identify myself as:

- Deaf (ASL/Cultural) Deaf (Bilingual/Bicultural) Deaf (Oral) Hard of Hearing
 Hearing Post-Lingual (Late-Deafened Adult) Other(_____)

My native language is:

- ASL (American Sign Language) English Spanish SSL (Spanish Sign Language)
 Other (_____)

I am also skilled in: (check all that apply)

- ASL PSL (Pidgen Sign Language) SSL English

__ SEE (Signed Exact Language) __ Spanish __ Other (_____)

Have you ever been convicted of a felony? If so, explain :

References: (people who have known you, personally or professionally, for a minimum of two years and who are not a relative or member of your immediate family)

I, _____ give Bridges permission to contact my references.

Name	Address	Phone # and email address

Emergency Contact:

Name: _____

Relationship to the volunteer: _____

Address: _____ **City, State, Zip:** _____

Home Phone: (____)____-____ **Cell Phone:** (____)____-____ **Work Phone:** (____)____-____

Email: _____