



4250 Glass Rd NE, Ste. 100
Cedar Rapids, IA 52402

For office use only:

Tour/interview date: _____ Done by: _____

Input into Ekyros/Excel Application Reviewed by _____

References Checked by _____

Supervised by: _____

Start date: _____ End date: _____

*The mission of Bridgehaven Pregnancy Support Center is to empower choices for life
Through Christ-centered education and support.*

PROJECT VOLUNTEER APPLICATION

Name _____ Birthday _____

Address _____

City _____ State _____ Zip _____

Phone (home) _____ (cell) _____ E-mail _____

EMERGENCY CONTACTS

1) _____ Phone _____ Relationship _____

2) _____ Phone _____ Relationship _____

GETTING TO KNOW YOU

Are you volunteering with a group? If so, group name: _____

If individually, what made you choose Bridgehaven as a volunteer site? _____

What do you hope to gain from your service here? _____

Bridgehaven is a faith-based organization. What, if any, role does faith play in your life? _____

Are you part of a faith community? If so, church name: _____

AVAILABILITY

How many total hours would you like to volunteer? _____

How often would you like to volunteer? _____

Generally, when are you available for volunteering (check the appropriate boxes):

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning						
Afternoon						
Evening						

Does Bridgehaven need to provide documentation of your volunteer hours? _____

Is there anything else you'd like to share?

Parental Authorization (for volunteers 14-16 years of age): _____

**Thank you! We are so excited to have you joining us at Bridgehaven.
We will contact you soon about beginning your volunteering experience.**

Name



REFERENCES

List three persons who are not related to you and who have known you at least 2 years.

1. Name: _____ Phone: _____
 Address: _____ Known how long? _____
 City: _____ State: _____ Zip: _____ Relationship: _____
 Email: _____
2. Name: _____ Phone: _____
 Address: _____ Known how long? _____
 City: _____ State: _____ Zip: _____ Relationship: _____
 Email: _____
3. Name: _____ Phone: _____
 Address: _____ Known how long? _____
 City: _____ State: _____ Zip: _____ Relationship: _____
 Email: _____

TIME PREFERENCE TO VOLUNTEER:

Please cross out (X) shift that you **cannot** regularly volunteer.

Monday	Tuesday	Wednesday	Thursday	Friday	Sat.
10:00-2:00	10:00-2:00	10:00-2:00	10:00-2:00	10:00-2:00	10:00-1:00
2:00-5:30	2:00--5:00	2:00-5:00	2:00-5:30	2:00-5:00	1:00-4:00
5:30-7:00			5:30-7:00		

BRIDGEHAVEN CONFIDENTIALITY GUIDELINES

Bridgehaven serves people in a variety of ways. In each setting, confidentiality is of **utmost importance**. Each time a person enters the office or calls for information, he or she can be assured that all discussions are strictly confidential. The following guidelines must be considered of extreme importance by all staff and volunteers of Bridgehaven.

1. No one may have access to the business area of the office without special permission from the director (exception is use of the phone.)
2. No one may have access to records, files, correspondence, or staff knowledge of individuals without special permission from the director.
3. No information about a client is to be given to anyone but that client.
4. Written consent from the clients must be obtained for Release of Information in a referral situation.
5. An attempt must be made to conceal clients' names in the reception/business areas when other clients are present.
6. Client files or intake forms must **never** leave the office.

To emphasize this further, the following will help you understand when confidentiality is broken:

1. When any information of any kind concerning a client is given over the phone to anyone without written consent of that client.
2. When test results are given over the phone. (It is impossible to have identification of an individual on the phone.)
3. When a client is called by name in front of other people.
4. When a client is in the waiting room and someone comes into the office that he/she knows. This may be out of our control, but please separate clients into the two rooms as soon as possible. Never meet with them together unless they request it.
5. When staff tells about their "day at the office" and use the client's name.
6. When a client sees other client's names on forms or the schedule book. *Keep client information turned over or out of sight when they are not in your hands or the client's hands. Keep the schedule book covered.*
7. When anyone is given access to anything in the files in any way, without the director's permission.

I have read the Confidentiality Guidelines. My signature below indicates my understanding and acceptance of these policies. I further understand that failure to keep confidentiality is a serious breach of trust.

Signature

Date