



540 Palace Road
Kingston, ON, K7I 4T7
343.580.1100
director@bridges-kingston.com

Bridges - Kingston
Plan to Protect® Appendices

Ministry Personnel Application

In our desire to reduce the risk of abuse within Bridges - Kingston programs, we believe this information is necessary to protect the vulnerable sector and our Volunteers and to effectively place our Volunteers in Program positions. Thank you in advance for your partnership.

Personal Information

First Name _____ Last Name _____

Address (Apt/Number/Street) _____

Town/City _____ Postal Code _____

Phone Number (H/C) _____ (W) _____

Email _____

Do you have a vehicle? ☐ Yes ☐ No

Personal History

Please list any employment and volunteer experience in the past 5 years, including name and address of the organization, dates, your position, and a contact person.

Do you have any work, volunteer, or life experience interacting with the marginalized and vulnerable (individuals with physical disabilities, developmental disabilities and/or mental health concerns)? If yes, please describe:



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List any gifts, training, education, or other qualifications that may be relevant to you volunteering with Vulnerable Adults at Bridges - Kingston.

Interest and Availability

Areas in which you would like to volunteer:

- ☐ Visit people in hospital
- ☐ Visit people at home
- ☐ Provide transportation and support to various appointments
- ☐ Deliver food banks
- ☐ Assist people with life skills support
- ☐ Tax clinics (income tax preparation)
- ☐ Office work and administrative assistance
- ☐ Fundraising and event planning

Please indicate your availability to volunteer:

	MON	TUES	WED	THURS	FRI	SAT	SUN
Morning	☐	☐	☐	☐	☐	☐	☐
Afternoon	☐	☐	☐	☐	☐	☐	☐
Evening	☐	☐	☐	☐	☐	☐	☐

Do you have any comments regarding your availability?

How long can you commit for?

- ☐ 3 to 6 months ☐ 7 to 12 months ☐ More than 1 year



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References

Please provide the names of three individuals, excluding relatives, who could provide a reference for you. Include at least one reference from outside Bridges - Kingston.

1. Name of Reference _____ Phone Number _____

Address _____

Nature of Relationship _____

2. Name of Reference _____ Phone Number _____

Address _____

Nature of Relationship _____

3. Name of Reference _____ Phone Number _____

Address _____

Nature of Relationship _____

Other Information

Can you please tell us how you heard about Bridges - Kingston?

Do you have a recent CPIC (police records check)? ☐ Yes ☐ No

If yes, when was it done? _____

Name (printed) _____

Signature _____

Date of application _____