

**BUILDING BRIDGES**  
A Hospice of San Angelo  
Support Program for Grieving Children

Name \_\_\_\_\_ Date \_\_\_\_\_  
(Last) (First) (Middle)

Address \_\_\_\_\_  
(Street or PO Box) (City) (Zip)

Phone \_\_\_\_\_  
(Home) (Work or Mobile)

Birthday \_\_\_\_\_ Place of Employment \_\_\_\_\_

Previous/Current volunteer experience \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Previous/Current work experience \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Education/Field of Study \_\_\_\_\_

\_\_\_\_\_

Languages Spoken \_\_\_\_\_

Have you ever been fired from a volunteer or paid position? \_\_\_\_\_ If yes, explain the  
circumstances: \_\_\_\_\_

\_\_\_\_\_

Have you ever been arrested and convicted of a crime? \_\_\_\_\_ If yes, explain the  
circumstances: \_\_\_\_\_

\_\_\_\_\_

Driver's License Number \_\_\_\_\_

A security check will be made on all volunteers for the safety of the families we serve.

Have you ever had an experience in your background related to child abuse (physical, sexual or  
emotional)? \_\_\_\_\_

What has led you to offer your services to Building Bridges and Hospice of San Angelo?

---

---

---

---

---

What are your expectations about your involvement in this program?

---

---

---

---

---

Have you experienced a death of a family member or close friend? Please comment on your experience and how long it has been since the death.

---

---

---

---

---

---

Are you willing to attend all sessions of the training course, cooperate with the program coordinator to determine placement, and be a consistent and reliable volunteer? \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

A personal interview is required prior to acceptance into the Building Bridges volunteer program.

ALL INFORMATION GIVEN IS CONSIDERED CONFIDENTIAL.

Email completed application to [melissa@hospiceofsanangelo.org](mailto:melissa@hospiceofsanangelo.org) or call (325)658-6524.