

# Volunteer Application

## Section A: Personal Information Please type or print clearly



Name: \_\_\_\_\_  
Last First Middle Initial

Mailing Address: \_\_\_\_\_  
Number Street Apt. #

\_\_\_\_\_ City State Zip Code

(\_\_\_\_\_) \_\_\_\_\_  
Home Phone

(\_\_\_\_\_) \_\_\_\_\_  
Cell Phone

\_\_\_\_\_ Date of Birth

\_\_\_\_\_ E-mail Address

\_\_\_\_\_ Occupation

\_\_\_\_\_ Employer/School

\_\_\_\_\_ Educational Background and Field

## Section B: Volunteer Opportunities at The Arc

- |  |   |
|--|---|
| <input type="checkbox"/> Inclusion / Self-Advocacy Group                             | <input type="checkbox"/> Public Speaking and Booth Displays   |
| <input type="checkbox"/> Activity Assistant  | <input type="checkbox"/> Decorating The Center                |
| <input type="checkbox"/> Mailing / Clerical / Phone Work (Thank You's and Reminders) | <input type="checkbox"/> Mentor / Buddies Program (1:1 Ratio) |
| <input type="checkbox"/> Marketing and Communications                                | <input type="checkbox"/> Other opportunities: _____           |
| <input type="checkbox"/> Resource Center   | _____   |
| <input type="checkbox"/> Board Committee Involvement                                 | _____   |
| <input type="checkbox"/> Arc Coach   |   |
| <input type="checkbox"/> Photography / Video / Graphic Design                        |   |
| <input type="checkbox"/> Fundraising and Special Events                              |   |

Why are you interested in volunteering with The Arc of Mower County? \_\_\_\_\_

Have you worked with people with intellectual and developmental disabilities?  Yes  No

If yes, please explain: \_\_\_\_\_

## Section C: Certifications & Licenses

- |  |   |
|--|---|
| <input type="checkbox"/> Adaptive Physical Education | <input type="checkbox"/> Other sports-related certifications: _____ |
| <input type="checkbox"/> CPR                         | _____   |
| <input type="checkbox"/> First Aid                   | _____   |
| <input type="checkbox"/> Lifeguard                   |   |
| <input type="checkbox"/> Sign Language               |   |

# Section D: Background Information

- Yes     No    Do you currently use illegal drugs?  
If yes, please explain: \_\_\_\_\_
- Yes     No    Have you ever been convicted of a criminal offense?  
If yes, please explain: \_\_\_\_\_
- Yes     No    Have you ever been charged with neglect, abuse or assault?  
If yes, please explain: \_\_\_\_\_
- Yes     No    Has your driver's license ever been suspended or revoked in any state in the past five years?  
If yes, please explain: \_\_\_\_\_
- Yes     No    Do you have any physical or medical limitations that need to be taken into account?  
If yes, please explain: \_\_\_\_\_

PLEASE READ AND UNDERSTAND THE POINTS BELOW BEFORE SIGNING:

I understand that:

- The information that I have provided will be verified, and I give permission to The Arc of Mower County to make an inquiry of others concerning my suitability to act as an Arc volunteer.
- I am required to provide a copy of a government-issued photo identification attached to this Volunteer Application.
- I hereby authorize any person to release any information about me concerning my suitability to act as an Arc volunteer as such person deems relevant in his or her sole discretion.

I also understand that:

- In the course of volunteering for The Arc, I may be dealing with confidential information and I agree to keep said information in the strictest confidence.
- In the course of volunteering for The Arc, I may be dealing with vulnerable people and will be held to strict parameters of interaction with them.
- The relationship between Arc and volunteers is an "at will" arrangement and it may be terminated at any time without cause by either the volunteer or Arc.
- I grant Arc permission to use my likeness, voice and words in television, radio, film, or in any form to promote activities of The Arc.

I affirm that I have read and understand the above information and that the information I have given The Arc of Mower County is true and complete.

**I am age 18 or over and have attached a copy of a government-issued identification card with photo.**

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**Or:**  
**I am age 17 or under and have asked the my parent and/or guardian for permission to volunteer at The Arc.**

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

Please return completed form and required attachments to:

The Arc of Mower County  
401 2<sup>nd</sup> Ave NE, Austin, MN 55912