

VOLUNTEER APPLICATION FORM

Volunteer Position	Date
<input type="text"/>	<input type="text"/>

Or, write down "anywhere you need me!"

PERSONAL INFORMATION

First Name	Middle	Last	Age
<input type="text"/>			

Email	Home/Work Phone	Cell Phone
<input type="text"/>		

Mailing Address

Best Time and Way to be contacted

Occupation	Employer
<input type="text"/>	

What hobbies and/or interest do you enjoy?

EMERGENCY CONTACT

First Name	Last	Relation
<input type="text"/>		

Home Phone	Work Phone	Cell Phone
<input type="text"/>		

First Name	Last	Relation
<input type="text"/>		

Home Phone	Work Phone	Cell Phone
<input type="text"/>		

INTERESTS AND EXPERIENCE

How did you learn about our Volunteer Program?

Please describe your special skills and/or interests:

Check all that apply:

- | | |
|--|--|
| <input type="checkbox"/> Special Events | <input type="checkbox"/> Family Support Groups |
| <input type="checkbox"/> Junior Council | <input type="checkbox"/> Early Intervention |
| <input type="checkbox"/> Board of Directors | <input type="checkbox"/> Supported Employment |
| <input type="checkbox"/> Internship | <input type="checkbox"/> Community Living |
| <input type="checkbox"/> Story Time | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> People First of Shelby County | |

Are there any skills or interests you would like to develop?

Why do you want to volunteer at The Arc of Shelby? Have you had prior volunteer experience? If yes, describe:

REFERENCES

Have you ever worked or volunteered at The Arc of Shelby before? If so, what years?

Do you know anyone who works or has worked at The Arc of Shelby? If so, who?

Please list two people other than a relative who would be willing to serve as a personal reference.

<i>First and Last Name</i>	<i>Phone</i>	<i>Email</i>
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<i>First and Last Name</i>	<i>Phone</i>	<i>Email</i>
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AVAILABILITY (check all that apply)

- | | |
|------------------------------------|--------------------------------------|
| <input type="checkbox"/> Daily | <input type="checkbox"/> Weekdays AM |
| <input type="checkbox"/> Weekly | <input type="checkbox"/> Weekdays PM |
| <input type="checkbox"/> Monthly | <input type="checkbox"/> Weekend AM |
| <input type="checkbox"/> Quarterly | <input type="checkbox"/> Weekend PM |
| <input type="checkbox"/> Annually | |

Have you ever been convicted of a crime? (You may omit minor traffic offenses, any convictions which have been sealed, expunged or statutorily eradicated, and misdemeanors for which probation was completed and the case judicially dismissed.) ___yes ___no If yes, please explain_____

If yes, was the conviction in Alabama or in another state? Please specify state(s)_____

Advisory: A check of the volunteer applicant's criminal history may be made to verify the responses to the above questions for the sole purpose of ensuring the safety of its staff, volunteers and visitors. No applicant will be denied volunteer status solely on the grounds of conviction of a crime. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position will be considered.

"I certify that all information submitted by me on this application is true and complete. I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and active volunteer status may be terminated at any time. In consideration of my volunteer application, I agree to adhere to the policies and regulations of The Arc of Shelby County, and I agree that my volunteer status can be terminated, with or without cause, and with or without notice, at any time by The Arc of Shelby County."

Signature:_____ Date: _____

Thank you so much for volunteering your time and efforts to help individuals with developmental disabilities! As Winston Churchill once said "We make a living by what we do, but we make a life by what we give."