

IV. Volunteer Related Information

How much time can you contribute to volunteering? (Please indicate one)

2-4 hours/month 4-6 hours/month 6-10 hours/month 10+hours

When are you available? Weekdays(A.M. P.M.) Weekends
 Evenings

What type of volunteer position(s) are you interested in: (please check all that apply)

Bill Payer Representative Payee Special Olympics
 Administrative Social Recreation Outing Escort Best in The West
 Golf Tournament

What are your interests/hobbies? _____

IV. Previous and/or current volunteer experiences (name of organization & duties performed): _____

V. SPECIAL SKILLS / QUALIFICATIONS:

VI. CRIMINAL HISTORY INFORMATION

Do you use illegal drugs? Yes No

Has your driver's license ever been suspended or revoked in any state? Yes No

Have you ever been arrested, charged or convicted of a crime other than a traffic violation?

Yes No

Have you ever been a plaintiff or defendant in a civil lawsuit other than a divorce?

Yes No

If answered yes to any of the above, please provide a brief explanation: _____

VII. REFERENCES (Please list spouse if married. If not married, list only one family member. The other 3 names should be individuals that have known you at least 3 years and not related to you in any way. No former employers)

Spouse/family member: _____ Telephone: _____
Address: _____

Name: _____ Telephone: _____
Address: _____

Name: _____ Telephone: _____
Address: _____

Name: _____ Telephone: _____
Address: _____

VIII. LIABILITY INSURANCE (If you will be driving on Arc business.)

Do you own a personal vehicle or have reliable transportation? ___ Yes ___ No

Do you have automobile liability insurance coverage? ___ Yes ___ No

**Please attach a copy for verification of automobile liability insurance coverage.*

EMERGENCY CONTACT: Please include: Name, Address, Phone # & Relationship

I hereby affirm that my answers to the foregoing questions are true and correct and that I have not knowingly withheld any fact or circumstance that would, if disclosed, affect my application unfavorably. I understand that any false information submitted in this application may result in my discharge. I authorize The Arc to obtain any needed information regarding my legal/criminal history, character references, and employment from any state or federal agency, my employer, and personal references for the purposes of participating in a volunteering program.

Signature

Date

To process your application we will need to see your valid photo ID such as a driver's license. A \$10.00 donation would be appreciated to help with the cost of running the background check.

Thank you!

Verified photo ID: _____
Signature of Arc Staff Member Date

Print Name