



VOLUNTEER APPLICATION

The Arc of Delaware County welcomes volunteers and is committed to utilizing your valuable gift of time in a meaningful way.

Information gathered on this form is only a first step in understanding your abilities and will be shared appropriately with our respective programs. Additional follow-up by an Arc program will be made accordingly. All volunteers need to comply with the organization's governing regulations, policies, and procedures; these will be explained as details around volunteer assignments are confirmed.

NAME: _____

ADDRESS: _____

HOME PHONE: _____ CELL PHONE: _____ WORK PHONE : _____

E-MAIL: _____

I am a: (check all that apply)

student adult senior family member of someone who receives services

Arc member Arc employee someone who receives services from Arc

volunteer representing a local organization/business named: _____

How did you hear about The Arc of Delaware County? _____

Background and Personal Information

Education Elementary High School
 College/Major: _____
 Vocational or Special Training: _____

Have you ever been convicted of a criminal offense: Yes No
If yes, please explain: _____

Volunteer Experience:

a. Name of organization: _____
Kind of work performed: _____
Length of time with organization: _____
Supervisor: _____
If we may contact, please give phone #: _____

b. Name of organization: _____
Kind of work performed: _____
Length of time with organization: _____
Supervisor: _____
If we may contact, please give phone #: _____

References: Other (non-relatives) we may contact as references:

Name: _____ Phone #: _____
Name: _____ Phone #: _____
Name: _____ Phone #: _____

Medical & Emergency Contact Information: (Please provide two contacts.)

Name: _____ Phone #: _____
Name: _____ Phone #: _____

Do you have any physical limitations, medical condition or allergies we should be aware of?

() Yes () No If yes, please explain: _____

Have you received the Mantoux/TB test within the last year? () Yes () No

If yes, we may ask you to provide documentation, depending on the type of volunteer work you do.

Employment History

Current employer: _____
Position: _____ Length of employment: _____
Supervisor: _____
If we may contact, please give phone #: _____

Transportation

Do you have your own transportation: () Yes () No

If yes, we may ask you for your Drivers' License #, depending on the type of volunteer work you do.

We understand that sometimes individuals wish to give their time in whatever way is beneficial to the people we serve by having our organization assign tasks; it would be helpful if you would share your particular interests and/or talents with us:

Special Areas of Interest (check all that apply)

Working with the people and families we serve

- ___ sharing my hobby or talent with an individual or small group (describe): _____
- ___ assisting in recreational/social events (i.e. Arc Bowling Club, Valentine's parties, etc.)
- ___ working with adults or senior citizens who have disabilities
- ___ working with children who have special needs or delays
- ___ providing family companionship, visitation, and friendship

Special Events/Fund Raising

- Annual Arc of Delaware Co. Bike-A-Thon (held first Sat. in May and can include: assisting with preparatory tasks, day of event, post-event, Awards Ceremony, etc.)
- Annual Achievement Awards Dinner
- Holiday Celebrations & Parties (i.e. Halloween Parties, Christmas Parties, etc.)

Administrative tasks

- mailings
- office/clerical assistance
- participating on a committee

Maintenance and construction

- general maintenance and handy work
- gardening and yard work
- general construction
- painting
- other: _____

Miscellaneous

- I would like to: _____
- I like variety and don't have a preference at this time. I'd consider volunteering where I'm most needed.
- I prefer to work with your _____ program.

Interests, Skills and Hobbies:

Do you have any special interests, skills and/or hobbies? Please share:

My availability to volunteer is (check all that apply):

Daily Weekly Periodically

At these specific times of day: _____

Any other information you would like to share in regards to your volunteer interests: _____

SIGNATURE: _____ **DATE:** _____

PARENT'S SIGNATURE (if under 18 years old): _____

Please complete and return this form to any one of our facilities or mail to:

The Arc of Delaware County, Attn: Community Relations, 34570 State Hwy. 10, Walton, NY 13856

Phone: (607) 865-7126

Fax: (607) 865-7129

www.delarc.org

THANK YOU FOR YOUR INTEREST!