



Individual Volunteer Application Form

OFFICE USE ONLY:

Received Date: _____

Data Entry Date: _____

Job Title: _____

A P P L I C A N T I N F O R M A T I O N

Name: _____ Date: _____

Address: _____ Phone (Home): () _____

_____ Phone (Mobile): () _____

DOB: ___/___/_____ Sex: Male Female Email: _____

Would you like to receive monthly updates from us?

Yes, please. No, thank you.

Employer/School: _____
Name Phone

How did you find us? The Arc Website One-Stop Career Center VolunteerMatch.org

Employer Other: _____

EMERGENCY CONTACT INFORMATION

Emergency Contact Name: _____

Relationship to Applicant: _____ Phone (Primary): _____

A V A I L A B I L I T Y

Date Available: _____ Frequency: Weekly Biweekly One-Time

Monthly Other: _____

Availability: Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Hours: _____

Program: Thrift Shop Ventnor Thrift Shop Northfield After School Program Adults with I/DD Youth with I/DD Administration Events / Development Marketing

REQUIREMENT INFORMATION

Are you required to be here? Yes No

If Yes, how many hours need to be met? _____ hrs By what date? ___/___/_____
mm dd yyyy

Who do we need to contact? _____
Name

Agency/Employer: _____ Phone: () _____

** PLEASE ATTACH ALL NECESSARY PAPERWORK.



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EXPERIENCE

Do you have any previous volunteer experience? Yes No

- Applicable Skills:
- | | | |
|---|---|--|
| <input type="checkbox"/> Prior Work with I/DD | <input type="checkbox"/> Database Entry | <input type="checkbox"/> MS Office |
| <input type="checkbox"/> Management | <input type="checkbox"/> Maintenance | <input type="checkbox"/> Arts & Crafts |
| <input type="checkbox"/> Retail/Sales | <input type="checkbox"/> Other: _____ | |

REFERENCES (NON-RELATED)

Please Provide **Two** References of No Familial Relation Below.

Name: _____	Relation: _____
Address: _____ _____	Phone: () _____

Name: _____	Relation: _____
Address: _____ _____	Phone: () _____

***PLEASE NOTE: ALL VOLUNTEERS ARE SUBJECT TO A BACKGROUND CHECK.**

Have you ever been convicted of a crime? Yes No

If Yes, _____ Date of Charge? / /
Title of Convicted Crime mm / dd / yyyy

Details of the Above (and/or Multiple Charges): _____

 Applicant Signature Printed Name _____
mm / dd / yyyy

 Parent/Guardian Signature Printed Name _____
mm / dd / yyyy

The information that I have provided may be verified, and I give The Arc of Atlantic County permission to make inquiry of others concerning my suitability to act as a volunteer for the agency. It is understood and agreed that any misrepresentation by me in this application will be sufficient cause for its cancellation. The relationship between The Arc of Atlantic County and volunteers is an "at will" arrangement and may be terminated at any time without prior notice. Failure to disclose accurate information may result in termination of said volunteer agreement.

