



Group Volunteer Application Form

OFFICE USE ONLY:

Received Date: _____

Data Entry Date: _____

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

Group Leader Name: _____

Date: _____

Employer/Agency Name: _____

Address: _____

Phone (Office): () _____

Phone (Mobile): () _____

DOB: ___/___/_____ Sex: Male Female

Email: _____

Would you like to receive monthly updates from us?

Yes, please. No, thank you.

* Group leader assumes responsibility for organization, recruitment, and supervision of volunteer group

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

Number of Volunteers: _____

Monthly Other: _____

Availability: Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Hours: _____

Program: House Clean Up Special Event Help Private Fundraiser Art Classes Group Outing Administrative Other _____

Can Your Group Provide It's Own Transportation: Yes No

** PLEASE ATTACH ALL NECESSARY PAPERWORK.

Applicant 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. All volunteers subject to background check.

