



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.

Thank you very much for your interest in volunteering at The Arc of Delaware County where people of all ages are enabled to meet the challenge of their disabilities with a growing sense of personal dignity and independence.

NAME: _____

ADDRESS: _____

HOME PHONE #: _____ WORK/OTHER 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 called:

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. We would also appreciate if you would like to share particular interests and/or talents with us.

Special Areas of Interest (check all that apply)

Working with the people and families we serve

G providing entertainment, describe: _____

G arts and crafts instruction, describe: _____

G assisting in recreational/social events (i.e. Arc Bowling Club, Valentine's parties, etc.)

G working with seniors who have disabilities

G working with children who have special needs or delays

G providing family companionship, visitation and friendship

G providing family respite (filling in or a few hours during care givers absence)

Special Areas of Interest (continued)

Special Events/Fund Raising

- G Annual Arc of Delaware Co. Bike-A-Thon (held first Sat. in May can include: assisting with preparatory tasks; day of event 9-2; post-event)
- G Annual Achievement Awards Dinner (normally held first Friday in June)
- G Holiday Celebrations & Parties (i.e. Halloween parties, Christmas Parties, etc.)

Administrative tasks

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

Maintenance and construction

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

Miscellaneous

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

Interests, Skills and Hobbies:

Do you have any special ones? Please share: _____

My availability to volunteer is (check all that apply knowing dates/times are to be determined):

- G Daily at these specific times: _____
- G In the evening
- G Weekly
- G Periodically

**If you wish to stop here and submit this preliminary information, that is fine. You may return it to any one of our facilities or mail it to: The Arc of Delaware County, 34570 State Hwy. 10, Walton, NY 13856
ATTN: Community Relations.**

The additional pages of this form may be completed once we follow up with you and discuss how you will volunteer in further detail.

THANK YOU

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: Are there 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: _____

Medical & Emergency Contact Information (continued)

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

Present 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.

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

YOUR SIGNATURE: _____

DATE: _____

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

THANK YOU FOR YOUR INTEREST!

www.delarc.org