



Achieve with us

VOLUNTEER APPLICATION

Date of Application: _____

Your Last Name: _____ First Name: _____

Address: Street _____ City _____ State _____ Zip _____

Telephone: Home (_____) _____ Work (_____) _____

Social Security Number : _____

How did you learn about the Arc of Putnam County? _____

Have you ever been employed or volunteered here before? _____ If yes, in what capacity? _____

First date available for volunteer work : _____

Days and times available : _____

Have you been convicted of a felony in the last seven (7) years? _____ If yes, please explain _____

Current Employment

Job Title _____ Supervisor Name _____

Employer _____ No. of years employed _____

Address _____

Volunteer History

Please list volunteer positions you have held, including the name of the organization and the nature of volunteer work and responsibilities.

Have you ever had any prior experience with persons with disabilities? If so, please tell about your experience.

What type of volunteer work are you interested in performing?

Related skills, education, and interests

Please share any related skills, educational experiences, and personal interests.

References

Please list three individuals, who are not relatives, who will complete the personal reference form:

Name	Telephone	Years known
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I give the employer the right to investigate all references and to secure additional information about me, if related to volunteer service. I hereby release from liability the employer and its representatives for seeking such information, and all other persons, corporations, or organizations for furnishing such information.

I understand that just as I am free to resign at any time, the employer reserves the right to terminate my volunteer service at any time, with or without cause and without prior notice. I understand that no representative of the employer has the authority to make any assurances to the contrary.

Signature of Applicant _____ Date _____

Thank you for your interest in being an Arc Volunteer!